

Fill in this information to identify the case

Debtor name J & D Restaurant Group, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	<u>First Bank & Trust - Lubbock (Main Account)</u>	<u>Checking account</u>	<u>2 6 0 3</u>	<u>\$34,803.66</u>
3.2.	<u>First Bank & Trust - Lubbock (AP Account)</u>	<u>Checking account</u>	<u>2 6 1 1</u>	<u>\$0.01</u>
3.3.	<u>First Bank & Trust - Lubbock (Payroll Account)</u>	<u>Checking account</u>	<u>2 6 5 2</u>	<u>\$9,882.13</u>
3.4.	<u>First Bank & Trust - Lubbock (CC Account)</u>	<u>Checking account</u>	<u>2 6 6 0</u>	<u>\$100.00</u>
3.5.	<u>Bank of America</u>			
	Debtor is unable to confirm account balance due to the bank's denial of access, but upon information and belief, there are no funds in the account.			
	<u>Checking account</u>	<u>7 4 3 5</u>		<u>\$0.00</u>
3.6.	<u>First Texas Bank</u>	<u>Checking account</u>	<u>1 0 5 1</u>	<u>(\$126.29)</u>

Debtor **J & D Restaurant Group, LLC**
Name

Case number (if known) _____

Valuation method
used for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				

Uniforms for Employees

Net Book Value is based upon an estimated liquidation value of roughly \$10.00 per uniform multiplied by 626 employees.

\$6,260.00

Liquidation

\$6,260.00**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$6,260.00**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

Debtor **J & D Restaurant Group, LLC** Case number (if known) _____

Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☒ No. Go to Part 8.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$0.00
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor **J & D Restaurant Group, LLC**
Name

Case number (if known) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**48. Watercraft, trailers, motors, and related accessories** Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)****Equipment**

Net Book Value is equivalent to the purchase
price less depreciation for all items of equipment
(liquidation value is unknown). See attached
"Exhibit 2 (Schedule A/B)" for equipment list.

\$8,382,939.00	Going Concern	Unknown
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Miscellaneous Parts and Supplies

Items are located in U-Haul storage unit #306 at
3824 S General Bruce Drive, Temple, Texas
76502. Upon information reported from the
District Manager of Debtor's formerly-operated
restaurant in Temple, Texas, it is believed that
few, if any, items remain in the storage unit.

Unknown	Unknown
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

Debtor **J & D Restaurant Group, LLC** Case number (if known) _____
 Name

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. Former Restaurant Leases

Debtor formerly leased the property
and buildings of thirty-one (31) Jack
in the Box restaurants. Addresses
for the aforementioned properties
are attached hereto as "Exhibit 1
(Schedule A/B)."

Leased \$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

www.jdgroupllc.com	\$0.00	Liquidation	\$0.00
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62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **J & D Restaurant Group, LLC**
Name

Case number (if known) _____

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of
debtor's interest**71. Notes receivable**

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Debtor obtained an extension for its 2016 tax return and has yet to file said return, however, upon information and belief, Debtor will potentially realize a net operating loss for that year.

Tax year **2016** \$0.00

Upon information and belief, Debtor will potentially realize a net operating loss for 2017.

Tax year **2017** \$0.00**73. Interests in insurance policies or annuities****74. Causes of action against third parties (whether or not a lawsuit has been filed)****75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Debtor has potential claims and/or causes of action against Jack in the Box, Inc. and/or Jack in the Box Eastern Division, L.P. for breach of the franchise agreement and/or turnover agreement between Debtor and the aforementioned parties.

UnknownNature of claim Potential Breach of Contract

Amount requested _____

Debtor has potential claims against Falcon Holdings Management for breach of its agreement regarding bookkeeping services to be provided to Debtor.

UnknownNature of claim Potential Breach of Contract

Amount requested _____

76. Trusts, equitable or future interests in property**77. Other property of any kind not already listed** Examples: Season tickets, country club membership**78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor **J & D Restaurant Group, LLC**
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$59,371.69</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$97,246.14</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$6,260.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<div style="border: 1px solid black; padding: 2px; display: inline-block;"><u>\$0.00</u></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><u>\$162,877.83</u></div>	+ 91b. <div style="border: 1px solid black; padding: 2px; display: inline-block;"><u>\$0.00</u></div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<div style="border: 2px solid black; padding: 5px; display: inline-block;"><u>\$162,877.83</u></div>

Fill in this information to identify the case:

Debtor name J & D Restaurant Group, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

- 2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

- 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$11,363,101.39

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column A***Amount of claim**
Do not deduct the
value of collateral.*Column B***Value of collateral
that supports
this claim****2.1****Creditor's name**
ANGELINA COUNTY TAX OFFICE**Describe debtor's property that is
subject to a lien****\$1,566.47****\$6,260.00****Creditor's mailing address**
PO BOX 1344**Debtor's Personal Property in
Angelina County****Describe the lien****Personal Property Taxes / Statutory Lien****LUFKIN TX 75902-1344****Is the creditor an insider or related party?****Creditor's email address, if known**☒ No
☐ Yes**Date debt was incurred** **2016****Is anyone else liable on this claim?****Last 4 digits of account
number**☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Do multiple creditors have an interest in
the same property?****As of the petition filing date, the claim is:**
Check all that apply.☐ No
☒ Yes. Specify each creditor, including this
creditor, and its relative priority.☐ Contingent
☐ Unliquidated
☐ Disputed

**For Equipment Net Book Value is
equivalent to the purchase pri: 1)
WELLS FARGO EQUIPMENT
FINANCE, INC; 2) WELLS FARGO
EQUIPMENT FINANCE, INC; 3)
WELLS FARGO EQUIPMENT
FINANCE, INC; 4) Gregg County Tax
Assessor-Collector; 5) ANGELINA
COUNTY TAX OFFICE; 6) Bell County
Tax Appraisal District; 7) BRAZOS
COUNTY TAX; 8) Cherokee County
Appraisal District; 9) CORYELL
COUNTY; 10) FIRST FRANCHISE
CAPITAL; 11) FIRST FRANCHISE
CAPITAL; 12) FIRST FRANCHISE
CAPITAL; 13) FIRST FRANCHISE
CAPITAL; 14) FIRST FRANCHISE
CAPITAL; 15) HILL COUNTY TAX
OFFICE; 16) JACK IN THE BOX INC;
17) KIRK SHIELDS, CPA PCC; 18)
Leon County Tax Assessor
Collector; 19) MADISON COUNTY
TAX OFFICE; 20) MCLENNAN
COUNTY - TAX OFFICE; 21)
Nacaogdoches Central Appr Dist;
22) SMITH COUNTY TAX OFFICE. For
Uniforms for Employees Net Book
Value is based upon an est: 1)
ANGELINA COUNTY TAX OFFICE; 2)
Cherokee County Appraisal District;
3) BRAZOS COUNTY TAX; 4) Bell
County Tax Appraisal District; 5)
CORYELL COUNTY; 6) FIRST
FRANCHISE CAPITAL; 7) FIRST
FRANCHISE CAPITAL; 8) FIRST
FRANCHISE CAPITAL; 9) FIRST
FRANCHISE CAPITAL; 10) FIRST
FRANCHISE CAPITAL; 11) Gregg**

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

2.2	Creditor's name Bell County Tax Appraisal District <hr/> Creditor's mailing address PO Box 390 <hr/> <hr/> Belton TX 76513-0390 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred 2016 <hr/> Last 4 digits of account number <hr/> <hr/> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. For Miscellaneous Parts and Supplies Items are located in U-Ha: 1) Bell County Tax Appraisal District; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) FIRST FRANCHISE CAPITAL; 7) JACK IN THE BOX INC; 8) WELLS FARGO EQUIPMENT FINANCE, INC; 9) WELLS FARGO EQUIPMENT FINANCE, INC; 10) WELLS FARGO EQUIPMENT FINANCE, INC. For Equipment Net Book Value is equivalent to the purchase price: See 2.1. For Uniforms for Employees Net Book Value is based upon an estimate: See 2.1. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien Debtor's Personal Property in Bell County <hr/> Describe the lien Personal Property Taxes / Statutory Lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$54,383.60 <hr/>	\$6,260.00 <hr/>
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Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.3	Creditor's name BRAZOS COUNTY TAX <hr/> Creditor's mailing address ASSESSOR-COLLECTOR <hr/> 4151 COUNTY PARK COURT <hr/> BRYAN TX 77802-1430 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred <u>2016</u> <hr/> Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Brazos County <hr/> Describe the lien Personal Property Taxes / Statutory Lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,897.92	\$6,260.00
2.4	Creditor's name Cherokee County Appraisal District <hr/> Creditor's mailing address PO BOX 494 <hr/> <hr/> RUSK TX 75785 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred <u>2016</u> <hr/> Last 4 digits of account number _____ <hr/> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Cherokee County <hr/> Describe the lien Personal Property Taxes / Statutory Lien <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$609.90	\$6,260.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
**Value of collateral
 that supports
 this claim**

Copy this page only if more space is needed. Continue numbering the lines
 sequentially from the previous page.

2.5	Creditor's name CORYELL COUNTY	Describe debtor's property that is subject to a lien	\$1,999.87	\$6,260.00
	Creditor's mailing address PO BOX 6	Debtor's Personal Property in Coryell County		
		Describe the lien		
		Personal Property Taxes / Statutory Lien		
	GATESVILLE TX 76528	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred 2016	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input type="checkbox"/> No	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1			

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports
this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim
	FIRST FRANCHISE CAPITAL	Blanket lien on all assets of Debtor	\$1,369,689.57	\$157,965.33
	Creditor's mailing address PO BOX 476	Describe the lien UCC-1 / Agreement		
	HAMILTON OH 45012	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number 7 8 5 1			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?			
	<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. For Bank of America Debtor is unable to confirm account balanc: 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (AP Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (CC Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (Main Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL; 6) JACK IN THE BOX INC. For First Bank & Trust - Lubbock (Payroll Account) : 1) FIRST FRANCHISE CAPITAL; 2) FIRST FRANCHISE CAPITAL; 3) FIRST FRANCHISE CAPITAL; 4) FIRST FRANCHISE CAPITAL; 5) FIRST FRANCHISE CAPITAL;			

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.7	Creditor's name FIRST FRANCHISE CAPITAL <hr/> Creditor's mailing address PO BOX 476 <hr/> <hr/> HAMILTON OH 45012 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number <u>7</u> <u>8</u> <u>5</u> <u>2</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor <hr/> Describe the lien UCC-1 / Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,443,726.96	\$157,965.33
2.8	Creditor's name FIRST FRANCHISE CAPITAL <hr/> Creditor's mailing address PO BOX 476 <hr/> <hr/> HAMILTON OH 45012 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number <u>7</u> <u>8</u> <u>5</u> <u>3</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor <hr/> Describe the lien UCC-1 / Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,443,726.95	\$157,965.33

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

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Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.9	Creditor's name FIRST FRANCHISE CAPITAL <hr/> Creditor's mailing address PO BOX 476 <hr/> <hr/> HAMILTON OH 45012 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number <u>7</u> <u>8</u> <u>5</u> <u>4</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor <hr/> Describe the lien UCC-1 / Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,090,559.51	\$157,965.33
2.10	Creditor's name FIRST FRANCHISE CAPITAL <hr/> Creditor's mailing address PO BOX 476 <hr/> <hr/> HAMILTON OH 45012 <hr/> Creditor's email address, if known <hr/> <hr/> Date debt was incurred _____ Last 4 digits of account number <u>0</u> <u>5</u> <u>5</u> <u>3</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2, 2.6</u>	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor <hr/> Describe the lien UCC-1 / Agreement <hr/> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$471,209.08	\$157,965.33

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

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Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.11	Creditor's name Gregg County Tax Assessor-Collector Creditor's mailing address 101 East Melvin Longview TX 75061 Creditor's email address, if known Date debt was incurred 2016 Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1	Describe debtor's property that is subject to a lien Debtor's Personal Property in Gregg County Describe the lien Personal Property Taxes / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,446.70	\$6,260.00
2.12	Creditor's name HILL COUNTY TAX OFFICE Creditor's mailing address PO BOX 412 HILLSBORO TX 76645 Creditor's email address, if known Date debt was incurred 2016 Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1	Describe debtor's property that is subject to a lien Debtor's Personal Property in Hill County Describe the lien Personal Property Taxes / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,840.77	\$6,260.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.13	Creditor's name JACK IN THE BOX INC	Describe debtor's property that is subject to a lien Blanket lien on all assets of Debtor	\$2,060,738.51	\$157,965.33
	Creditor's mailing address 9330 BALBOA AVE	Describe the lien UCC-1 / Agreement		
	SAN DIEGO CA 92123	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1, 2.2, 2.6			

Claim amount represents amounts allegedly owed pursuant to the franchise agreement between Jack in the Box, Inc. and/or Jack in the Box Eastern Division, L.P. and Debtor.

2.14	Creditor's name KIRK SHIELDS, CPA PCC	Describe debtor's property that is subject to a lien Personal Property of the Debtor	\$5,446.70	\$6,260.00
	Creditor's mailing address TAX ASSESSOR-COLLECTOR	Describe the lien Personal Property Taxes / Statutory Lien		
	PO BOX 1431	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	LONGVIEW TX 75606	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Creditor's email address, if known	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date debt was incurred 2016			
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1			

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

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Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.15	Creditor's name Leon County Tax Assessor Collector Creditor's mailing address PO BOX 37 CENTERVILLE TX 75833-0037 Creditor's email address, if known Date debt was incurred 2016 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1	Describe debtor's property that is subject to a lien Debtor's Personal Property in Leon County Describe the lien Personal Property Taxes / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,504.63	\$6,260.00
2.16	Creditor's name MADISON COUNTY TAX OFFICE Creditor's mailing address PO BOX 417 MADISONVILLE TX 77864 Creditor's email address, if known Date debt was incurred 2016 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1	Describe debtor's property that is subject to a lien Debtor's Personal Property in Madison County Describe the lien Personal Property Taxes / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,959.32	\$6,260.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.17	Creditor's name MCLENNAN COUNTY - TAX OFFICE Creditor's mailing address PO BOX 406 WACO TX 76703 Creditor's email address, if known Date debt was incurred 2016 Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1	Describe debtor's property that is subject to a lien Debtor's Personal Property in McLennan County Describe the lien Personal Property Taxes / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$16,227.55	\$6,260.00
2.18	Creditor's name Nacogdoches Central Appr Dist Creditor's mailing address 216 W HOSPITAL ST NACOGDOCHES TX 75961 Creditor's email address, if known Date debt was incurred 2016 Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1	Describe debtor's property that is subject to a lien Debtor's Personal Property in Nacogdoches County Describe the lien Personal Property Taxes / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,332.12	\$6,260.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.19	Creditor's name SMITH COUNTY TAX OFFICE Creditor's mailing address PO BOX 2011 TYLER TX 75710-2011 Creditor's email address, if known Date debt was incurred <u>2016</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien Debtor's Personal Property in Smith County Describe the lien Personal Property Taxes / Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,456.26	\$6,260.00
2.20	Creditor's name WELLS FARGO EQUIPMENT FINANCE, Creditor's mailing address 733 MARQUETTE AVENUE, SUITE 700 MINNEAPOLIS MN 55402 Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.2</u>	Describe debtor's property that is subject to a lien Equipment Describe the lien UCC-1 / Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$161,759.00	\$0.00

See UCC Financing Statement Nos. 15-0034945920, 16-00178919, 16-0005987935, and 16-0007484636 filed in Texas by Wells Fargo Equipment Finance, Inc.

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the
 value of collateral.

Column B
Value of collateral
that supports
this claim

2.21	Creditor's name WELLS FARGO EQUIPMENT FINANCE, Creditor's mailing address 733 MARQUETTE AVENUE, SUITE 700 MINNEAPOLIS MN 55402 Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1, 2.2	Describe debtor's property that is subject to a lien Equipment Describe the lien UCC-1 / Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$160,410.00	\$0.00
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See UCC Financing Statement Nos. 15-0034945920, 16-00178919, 16-0005987935, and 16-0007484636 filed in Texas by Wells Fargo Equipment Finance, Inc.

2.22	Creditor's name WELLS FARGO EQUIPMENT FINANCE, Creditor's mailing address 733 MARQUETTE AVENUE, SUITE 700 MINNEAPOLIS MN 55402 Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1, 2.2	Describe debtor's property that is subject to a lien Equipment Describe the lien UCC-1 / Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$45,610.00	\$0.00
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See UCC Financing Statement Nos. 15-0034945920, 16-00178919, 16-0005987935, and 16-0007484636 filed in Texas by Wells Fargo Equipment Finance, Inc.

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Douglas Draper	Line 2.10	_____
Heller, Draper, Patrick, Horn & Dabney		
650 Poydras Street, Suite 2500		
New Orleans LA 70130		
Douglas Draper	Line 2.9	_____
Heller, Draper, Patrick, Horn & Dabney		
650 Poydras Street, Suite 2500		
New Orleans LA 70130		
Douglas Draper	Line 2.8	_____
Heller, Draper, Patrick, Horn & Dabney		
650 Poydras Street, Suite 2500		
New Orleans LA 70130		
Douglas Draper	Line 2.7	_____
Heller, Draper, Patrick, Horn & Dabney		
650 Poydras Street, Suite 2500		
New Orleans LA 70130		
Douglas Draper	Line 2.6	_____
Heller, Draper, Patrick, Horn & Dabney		
650 Poydras Street, Suite 2500		
New Orleans LA 70130		
Melissa Hayward	Line 2.10	_____
Franklin & Hayward LLP		
10501 N Central Expressway, Suite 106		
Dallas TX 75231		

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1 -- Continuation Page

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Melissa Hayward Franklin & Hayward LLP 10501 N Central Expressway, Suite 106 Dallas TX 75231	Line <u>2.9</u>	____
Melissa Hayward Franklin & Hayward LLP 10501 N Central Expressway, Suite 106 Dallas TX 75231	Line <u>2.8</u>	____
Melissa Hayward Franklin & Hayward LLP 10501 N Central Expressway, Suite 106 Dallas TX 75231	Line <u>2.7</u>	____
Melissa Hayward Franklin & Hayward LLP 10501 N Central Expressway, Suite 106 Dallas TX 75231	Line <u>2.6</u>	____
Oak Street / First Franchise Capital Attn: David M. Bullington 8888 Keystone Crossing, Suite 1700 Indianapolis IN 46240	Line <u>2.10</u>	____
Oak Street / First Franchise Capital Attn: David M. Bullington 8888 Keystone Crossing, Suite 1700 Indianapolis IN 46240	Line <u>2.9</u>	____
Oak Street / First Franchise Capital Attn: David M. Bullington 8888 Keystone Crossing, Suite 1700 Indianapolis IN 46240	Line <u>2.8</u>	____

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1 -- Continuation Page

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>Oak Street / First Franchise Capital</u>	Line <u>2.7</u>	_____
<u>Attn: David M. Bullington</u>		
<u>8888 Keystone Crossing, Suite 1700</u>		
<u>Indianapolis IN 46240</u>		
<u>Oak Street / First Franchise Capital</u>	Line <u>2.6</u>	_____
<u>Attn: David M. Bullington</u>		
<u>8888 Keystone Crossing, Suite 1700</u>		
<u>Indianapolis IN 46240</u>		
<u>Samuel S. Allen</u>	Line <u>2.13</u>	_____
<u>Jackson Walker LLP</u>		
<u>135 W. Twohig Avenue, Suite C</u>		
<u>San Angelo TX 76903</u>		

Fill in this information to identify the case:

Debtor J & D Restaurant Group, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
(if known) _____

☐ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div>	Nonpriority creditor's name and mailing address 3C ELECTRIC, LLC 21120 FM 244 Iola TX 77861 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,223.22
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div>	Nonpriority creditor's name and mailing address A-Z PLUMBING COMPANY PO BOX 3029 HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div>	Nonpriority creditor's name and mailing address ADA TWIDWELL 4101 W ADAMS AVE APT 108 TEMPLE TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div>	Nonpriority creditor's name and mailing address ADAM BLANKENSHIP 601 YORKSHIRE DR COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address <u>ADAM DUNCAN</u> <u>1410 ASHLEY DR</u> <u>NOLANVILLE TX 76559</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address <u>ADOLFO VELEZ</u> <u>511 DALLAS ST</u> <u>JACKSONVILLE TX 75766</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address <u>ADRIAN ARREDONDO</u> <u>514 WESTVIEW LN</u> <u>COPPERAS COVE TX 76522</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address <u>ADRIAN ARREDONDO</u> <u>514 WESTVIEW LN</u> <u>COPPERAS COVE TX 76522</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address <u>ADRIAN GUZMAN</u> <u>826 MT CARMEL RD</u> <u>LUFKIN TX 75904</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address <u>AEZLUN TREAAAWAY</u> <u>2411 TUDOR DR</u> <u>KILLEEN TX 76543</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address <u>AISHA SANDERS</u> <u>3404 BROOK CIR</u> <u>WACO TX 76710</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address <u>ALBERTA MELCHOR</u> <u>216 ADAMS</u> <u>TYLER TX 75702</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address <u>ALCIDES GOODING</u> <u>1205 (B) EAST DOWNS AVE</u> <u>TEMPLE TX 76501</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address <u>ALEISHA WASHINGTON</u> <u>635 HARRIS ST #8</u> <u>KILGORE TX 75662</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address <u>ALEKSIS JAIMES</u> <u>115 LEMANS DR</u> <u>LUFKIN TX 75901</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address <u>ALEXANDER ELECTRIC INC</u> <u>1602 E. DENMAN AVE.</u> <u>LUFKIN TX 75091</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,320.70</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address <u>ALEXANDRA ALCOSER</u> <u>169C HCR 1318</u> <u>HILLSBORO TX 76645</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address <u>ALEXANDRA ESCOBEDO</u> <u>236 FORT GRAHAM ROAD</u> <u>WACO TX 76705</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address <u>ALEXIS RIDDLE</u> <u>2912 TAFT ST</u> <u>KILLEEN TX 76543</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address <u>ALFRED COLLIER</u> <u>303 SOUTH 24TH ST</u> <u>TEMPLE BELL TX 76501</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address <u>ALICCA MIXON</u> <u>1811 EAST AVE K. #411</u> <u>TEMPLE TX 76501</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address <u>ALICIA BONNER</u> <u>1019 WESTOVER DR</u> <u>KILLEEN TX 76541</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address <u>ALICIA BRISTER</u> <u>1602 GREENWOOD AVE</u> <u>KILLEEN TX 76541</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address <u>ALICIA CRAINE</u> <u>902 N 15TH ST</u> <u>TEMPLE TX 76501</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address ALLIED INSURANCE PO BOX 514540 LOS ANGELES CA 90051-4540 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,154.46
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address ALMA HERNANDEZ 1228 KINGS HWY WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address ALMA HOLGUIN 5500 HWY 103 LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address ALMCOE REFRIGERATION COMPANY 4050 CRESTHILL RD DALLAS TX 75227 Date or dates debt was incurred _____ Last 4 digits of account number ____ _ ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$902.95

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address ALVIN VAUGHN 245 JOHN KOLB RD LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address AMANDA BALA 115 S JACK KULTGEN EXPRESSWAY WACO TX 76706 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address AMANDA KARBACH 3401 CHERRY RD. KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address AMANDA SMITH 2122 LAZY RIDGE RD KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address AMBER BOYCE 2506 PVT RD 2020 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address AMBER HESSELING 1015 PARK DR HILLSBORO TX 76660 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address AMINA KHAN 15112 MEREDITH LN. COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address AMPARITO BOLES 603 E 29TH ST APT # 19 BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address ANA MONTESINO 11896 FM 14 TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address ANA RODRIGUEZ 1024 BURKHALTER HOLLOW RD DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address ANA SALAIZ 1070 FM 1818 DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address ANDERSON VALDEZ 409 BOB ST LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address ANDRE KAY 1302 S. FRANCIS ST. TYLER TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address Andrea Lloyd 501 W. Central Texas Expy #2503 Killeen TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address ANDRESHA GIDEN 4213 WREN ROAD TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address ANGELA GRIGGS MOORE 3520 TRICE AVE WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address ANGELA RODNESS 1315 N GRAY ST KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address ANGELIQUE OAKES 1310 SOUTH MAIN #204 TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address ANNABEL APILADO 304 N TENA ST JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address ANNIE HARRIS 1304 PASEO DEL COBRE TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address ANNIE RIGSBY 401 E.ELM ST HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address ANTHONY HAEFNER 51506 TAOS ST APT # 1 FORT HOOD TX 76544 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address ANTHONY JIMENEZ 1700 BACON RANCH RD. #1104 KILLEEN TX 76544 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address ANTHONY KENDRICKS 3223 BOSQUE WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address ANTHONY MITCHELL 1703 SELEY WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address ANTHONY PELLETIER 101 E. ELMS RD. LOT 153 KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address ANTHONY TORREZ 52 BUCK LANE BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address APRIL THURMAN 1006 DANSBY ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address AQUALA DEGRATE 903 NTH 4TH ST WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address ARACELY GUEVERA 10682 FM 14 TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address ARIANNA RICHARDSON 1308 HERITAGE SQ DR APT 30 JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address ARIEL HURT 4103 FM 757 WINONA TX 75792 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address ARIEL REED 307 PARK STREET LONGVIEW TX 75601 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address ARNETTA WESLEY 1815 OLD BRANDON RD APT # 221 HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address ASALEE JAMES 2844 CR 4935 KEMPNER TX 76539 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address ASHLEY BURROUGH 2299 SHIFLET LN BEDIAS TX 77831 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.65</div> Nonpriority creditor's name and mailing address ASHLEY LEONETTI 305 S AMY LN TRL 117 HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.66</div> Nonpriority creditor's name and mailing address ASHLEY MCDANIEL 15250 FM 2484 SALADO TX 76571 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.67</div> Nonpriority creditor's name and mailing address AT&T PO BOX 105414 ATLANTA GA 30348-5414 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.68
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.68</div> Nonpriority creditor's name and mailing address AT&T - 5014 P O BOX 5014 CAROL STREAM IL 60197-5014 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$867.99

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address ATMOS ENERGY PO BOX 790311 ST LOUIS MO 63179-0311 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,160.22
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address AURORA CASEY 703 SKYLINE DR. COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address AUSTIN DAVIS 1104 EAST MAIN ST MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address AZYDREA MOORE 3209 SHADY HILL DR TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.73</div> Nonpriority creditor's name and mailing address BAKER DISTRIBUTING #235 13225 KALLAN AVE TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,277.35
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.74</div> Nonpriority creditor's name and mailing address BANKDIRECT CAPITAL FINANCE 150 North Field Drive Suite 190 Lake Forest IL 60045 Date or dates debt was incurred _____ Last 4 digits of account number 9 9 6 3	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,450.31
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.75</div> Nonpriority creditor's name and mailing address BARBARA HOWARD 1406 S 15TH ST TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.76</div> Nonpriority creditor's name and mailing address BARBARA YOUNG 8712 OAKBEND CV TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.77</div> Nonpriority creditor's name and mailing address BARCO UNIFORMS INC 350 W ROSECRANS AVE GARDENA CA 90248 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,512.86
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.78</div> Nonpriority creditor's name and mailing address BEATRICE DOMINGUEZ 1215 SMITH DR KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.79</div> Nonpriority creditor's name and mailing address BENITO LAWSON 2602 S 39TH ST TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div> Nonpriority creditor's name and mailing address BENUVARD SPILLER 1734 CRENNAN HEARNE TX 77859 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.81</div> Nonpriority creditor's name and mailing address Bernard J. Morrissey PO Box 236 Roanoke TX 76262 Date or dates debt was incurred 2017 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Deferred Income Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.82</div> Nonpriority creditor's name and mailing address BLANCA LOPEZ 1501 HOLLEMAN APT # 194 COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.83</div> Nonpriority creditor's name and mailing address BRANDEN ETHERTON 1501 DAKOTA TRCE APT # B HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.84</div> Nonpriority creditor's name and mailing address BRANDON EALOMS 708 WALNUT STREET BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.85	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	BRANDON GALINDO	<input type="checkbox"/> Contingent	
	309 BOX FACTORY RD	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	DIBOLL TX 75941	Basis for the claim:	
	Date or dates debt was incurred	Notice only	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.86	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	BRANDON SMITH	<input type="checkbox"/> Contingent	
	6418 HADEN DR.	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	WACO TX 76710	Basis for the claim:	
	Date or dates debt was incurred	Notice only	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.87	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	BRANDY CORIN	<input type="checkbox"/> Contingent	
	2013 BERETTA DR	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	KILLLEEN TX 76543	Basis for the claim:	
	Date or dates debt was incurred	Notice only	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	BREANN JONES	<input type="checkbox"/> Contingent	
	1010 BORDER STREET	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	JACKSONVILLE TX 75766	Basis for the claim:	
	Date or dates debt was incurred	Notice only	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.89</div> Nonpriority creditor's name and mailing address BREANNA BLOUNT 5321 LANCE LOOP KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div> Nonpriority creditor's name and mailing address BRENDA BURGHARD 1006 N. 7TH ST. TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.91</div> Nonpriority creditor's name and mailing address BRENT REED 707 WISCONSIN ST KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.92</div> Nonpriority creditor's name and mailing address BRIANNA BARNES 2403 TORO LN APT # C BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.93</div> Nonpriority creditor's name and mailing address BRITTANY STAHL 1240 CR 1461 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.94</div> Nonpriority creditor's name and mailing address BRITTNEY DUKE 1009 EAST AVE A TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.95</div> Nonpriority creditor's name and mailing address BRODRICK SANDERS 433 S. SPRING TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.96</div> Nonpriority creditor's name and mailing address BRYAN CLAYTON 4602 CALLE ROBLE TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.97</div> Nonpriority creditor's name and mailing address BRYAN TEXAS UTILITIES PO BOX 8000 BRYAN TX 77805-8000 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,552.21
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.98</div> Nonpriority creditor's name and mailing address BYRON DANIELS 1403 CLEAVER ST NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.99</div> Nonpriority creditor's name and mailing address BYRON HUMPHREY 171 CHURCH RD KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.100</div> Nonpriority creditor's name and mailing address CALVIN KENNARD 1208 ANNA LEE DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.101</div> Nonpriority creditor's name and mailing address CALVIN LYNCH 2416 N. BORDER TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.102</div> Nonpriority creditor's name and mailing address CAMERON RULAND 406 LITTLE AVENUE MCGREGOR TX 76657 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103</div> Nonpriority creditor's name and mailing address CAMILLE KOERNER 200 MULLER GARDEN RD APT 612 TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.104</div> Nonpriority creditor's name and mailing address CANDACE MCCANTS 209 ROSE ST WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.105</div> Nonpriority creditor's name and mailing address CARISSA BARQEWITZ 910 S 35TH ST APT # 7 TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.106</div> Nonpriority creditor's name and mailing address CARMONDRE DAVIS 1508 E AVE B TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.107</div> Nonpriority creditor's name and mailing address CAROLINA OBREGON 920 DUVAL COURT TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.108</div> Nonpriority creditor's name and mailing address CAROLINA UVALLE 206 WASHINGTON ST KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.109</div> Nonpriority creditor's name and mailing address CASEY OKEEFFE 19612 FONDA ST. E WHITEHOUSE TX 75791 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110</div> Nonpriority creditor's name and mailing address CASHAE DIKERSON 1002 MISSOURI AVE KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111</div> Nonpriority creditor's name and mailing address CASSANDRA BROWN 3013 COLE AVENUE WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.112</div> Nonpriority creditor's name and mailing address CASSANRA DEGRATE 1722 B DALLAS CIRCLE WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.113</div> Nonpriority creditor's name and mailing address CATHERINE LOVE 415 OWEN LANE WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.114</div> Nonpriority creditor's name and mailing address CATRICE MAXIE 3606 D ANGES STREET DALLAS TX 75210 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115</div> Nonpriority creditor's name and mailing address CECELIA CONTRERAS 6418 CR 4203 TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.116</div> Nonpriority creditor's name and mailing address CELIA FLORES 112 BUTLER ST LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.117 Nonpriority creditor's name and mailing address CELIA LOZANO 1111 GROESBECK ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.118 Nonpriority creditor's name and mailing address CENTERPOINT ENERGY PO BOX 4981 HOUSTON TX 77210-4981 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$644.94</u>
3.119 Nonpriority creditor's name and mailing address CENTRAL TEXAS REFRIGERATION ATTN: MICHAEL LONDON 9875 BOTTOMS ROAD TROY TX 76759 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.120 Nonpriority creditor's name and mailing address CENTURY LINK PO BOX 2961 PHOENIX AZ 85062-2961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$113.74</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.121</div> Nonpriority creditor's name and mailing address CHACHASITY DAVIS 1602 CARDINAL STREET APT # 733 A NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.122</div> Nonpriority creditor's name and mailing address CHANDREA TAYLOR 901 E YOUNG AVE APT # 105 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.123</div> Nonpriority creditor's name and mailing address CHANTEL MALOTT 3509 DAUGHTREY AVE WACO TX 76711 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.124</div> Nonpriority creditor's name and mailing address Chapman's Full Service Maintenance P.O.BOX 10639 KILLEEN TX 76547-0639 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.125</div> Nonpriority creditor's name and mailing address CHAQUINTA MAXIE 802 MARTHA STREET LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.126</div> Nonpriority creditor's name and mailing address CHARDAY THOMAS 303 NALON RIDGE DR NOLANVILLE TX 76559 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.127</div> Nonpriority creditor's name and mailing address CHARITY DAVIS 1107 AVE H BAY CITY TX 77414 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.128</div> Nonpriority creditor's name and mailing address CHARLES COLEMAN 127 SUNNYDALE APT # 306 JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.129</div> Nonpriority creditor's name and mailing address CHARLOTTE REDWINE 10914 CR 383 TYLER TX 75708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130</div> Nonpriority creditor's name and mailing address CHASE PONSON 398 ALDRIDGE CIRCLE POLLOK TX 75969 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131</div> Nonpriority creditor's name and mailing address CHRIS MILLER 110 SHELBY LN POLLOK TX 75969 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132</div> Nonpriority creditor's name and mailing address CHRISTINE WHEELER 4123 S PARK DR #146 TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133</div> Nonpriority creditor's name and mailing address CHRISTOPHER CRENSHAW 601 WASHINGTON AVE COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.134</div> Nonpriority creditor's name and mailing address CHRISTOPHER GAINES 2620 DUTTON AVE WACO TX 76711 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.135</div> Nonpriority creditor's name and mailing address CHRISTOPHER STUBBLEFIELD 1211 FROST AVE WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.136</div> Nonpriority creditor's name and mailing address CHRISTOPHER TULLOS 196 TULLOS RD CORRIGAN TX 75939 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.137</div> Nonpriority creditor's name and mailing address CHRISTOPHER WEAVER 901 E YOUNG AVE. TRL#105 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.138</div> Nonpriority creditor's name and mailing address CHRISTOPHER WHITE 3617 N 26TH ST WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.139</div> Nonpriority creditor's name and mailing address CIARA COLLINS 134 LUTHER ST APT 182 COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.140</div> Nonpriority creditor's name and mailing address CIERRA WASHINGTON 2114 SOUTH 5TH ST APT # 35 TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.141</div> Nonpriority creditor's name and mailing address CITY OF BELLMEAD - Water 3015 BELLMEAD DR BELLMEAD TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.142</div> Nonpriority creditor's name and mailing address CITY OF BELTON - UTILITY UTILITY BILLING DEPT PO BOX 120 BELTON TX 76513-0120 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$239.43
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.143</div> Nonpriority creditor's name and mailing address CITY OF CENTERVILLE PO BOX 279 CENTERVILLE TX 75833-0279 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,346.92
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.144</div> Nonpriority creditor's name and mailing address CITY OF COPPERAS COVE PO BOX 249 COPPERAS COVE TX 76522-0249 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.145 Nonpriority creditor's name and mailing address CITY OF DIBOLL PO BOX 340 DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.146 Nonpriority creditor's name and mailing address CITY OF HARKER HEIGHTS 305 MILLERS CROSSING HARKER HEIGHTS TX 76548-5666 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.68
3.147 Nonpriority creditor's name and mailing address CITY OF HILLSBORO PO BOX 568 HILLSBORO TX 76645-0568 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$876.73
3.148 Nonpriority creditor's name and mailing address CITY OF JACKSONVILLE PO BOX 1390 JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.31

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.149</div> Nonpriority creditor's name and mailing address CITY OF KILGORE 815 N KILGORE ST KILGORE TX 75662-5860 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$535.35
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.150</div> Nonpriority creditor's name and mailing address CITY OF KILLEEN UTILITY COLLECTIONS PO BOX 549 KILLEEN TX 76540-0549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,399.40
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.151</div> Nonpriority creditor's name and mailing address CITY OF LUFKIN - Utility PO BOX 190 LUFKIN TX 75902 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,825.16
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.152</div> Nonpriority creditor's name and mailing address CITY OF MADISONVILLE 210 W COTTONWOOD MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.22

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.153</div> Nonpriority creditor's name and mailing address CITY OF NACOGDOCHES WATER DEPARTMENT PO BOX 635090 NACOGDOCHES TX 75963-5090 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$688.51 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.154</div> Nonpriority creditor's name and mailing address CITY OF NACOGDOCHES-HEALTH P O BOX 635030 NACOGDOCHES TX 75963-5030 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Health Permit & Business Operations Permits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.155</div> Nonpriority creditor's name and mailing address CITY OF NACOGDOCHES-PERMITS P O BOX 635030 NACOGDOCHES TX 75963-5030 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Health Permit & Business Operations Permits Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156</div> Nonpriority creditor's name and mailing address CITY OF TEMPLE PO BOX 878 TEMPLE TX 76503-0878 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$62.37 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.157</div> Nonpriority creditor's name and mailing address CITY OF TYLER - WATER TYLER WATER UTILITIES PO BOX 336 TYLER TX 75710-0336 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,417.20
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158</div> Nonpriority creditor's name and mailing address CITY OF WACO WATER PO BOX 2649 WACO TX 76702-2649 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$626.02
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.159</div> Nonpriority creditor's name and mailing address CITY OF WOODWAY 922 ESTATES DR WOODWAY TX 76712 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.160</div> Nonpriority creditor's name and mailing address CLORICE FAHIE 4307 TELLURIDE DR. KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161</div> Nonpriority creditor's name and mailing address COCA-COLA NORTH AMERICA PO BOX 102703 ATLANTA GA 30368 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,857.13
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.162</div> Nonpriority creditor's name and mailing address COLBY OLIVER 1617 FM 1194 LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163</div> Nonpriority creditor's name and mailing address COLLEGE STATION UTILITIES PO BOX 10230 COLLEGE STATION TX 77842-0230 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utilities Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,775.97
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.164</div> Nonpriority creditor's name and mailing address COLTIN GILGREASE 271 HER 2424 HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.165</div> Nonpriority creditor's name and mailing address COMMERCIAL ELECTRONICS INC 3421 HOLLENBERG DR BRIDGETON MO 63044 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$392.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.166</div> Nonpriority creditor's name and mailing address Commercial Kitchen Parts&Service P O BOX 831128 SAN ANTONIO TX 78283 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,346.83
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.167</div> Nonpriority creditor's name and mailing address CONOR CROUNSE 2888 NASH ST APT 221 D BRYAN TX 77802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.168</div> Nonpriority creditor's name and mailing address CONSOLIDATED COMMUNICATIONS PO BOX 66523 ST LOUIS MO 63166-6523 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.80

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.169</div> Nonpriority creditor's name and mailing address COURTNEY HART 1113 CHESTNUT ST WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.170</div> Nonpriority creditor's name and mailing address CRAIG WHITE 501 COLONIAL LN KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171</div> Nonpriority creditor's name and mailing address CRICEL VILLANUEVA 802 RICKS RD LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.172</div> Nonpriority creditor's name and mailing address CRISTAL FALCON 706 SHADY LN COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.173</div> Nonpriority creditor's name and mailing address CRISTON WALLS 2525 E. LAKESHORE DR. #1508 WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.174</div> Nonpriority creditor's name and mailing address CRISTY JENNINGS 724 ROLLINS AVE APT# 724 BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.175</div> Nonpriority creditor's name and mailing address CRYSTAL DARDEN 1900 BACON RANCH RD APT # 605 KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.176</div> Nonpriority creditor's name and mailing address CRYSTAL RAY 613 CARVER WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177</div> Nonpriority creditor's name and mailing address CURTIS FRANKLIN 2269 CHRISTOPHER DRIVE CHANDLER TX 75758 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.178</div> Nonpriority creditor's name and mailing address CURTIS STONE 3401 N. 21ST WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.179</div> Nonpriority creditor's name and mailing address CURTIS TOWNSEND 2601 WESLEY DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.180</div> Nonpriority creditor's name and mailing address CYNTHIA RANGEL 1518 ASH ST GRAND PRAIRIE TX 75050 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.181</div> Nonpriority creditor's name and mailing address DAMEON CARROLL 4809 W WACO DR APT # 212 WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.182</div> Nonpriority creditor's name and mailing address DAMIAN SESSIONS 913 N RITCHIE ST NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.183</div> Nonpriority creditor's name and mailing address DAMIAN VELEZ 1720 STEWART ST. KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184</div> Nonpriority creditor's name and mailing address DAMION JONES 2409 LAVENDER LN KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.185</div> Nonpriority creditor's name and mailing address DAMON RIVERA 4511 PETE DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.186</div> Nonpriority creditor's name and mailing address DANIELLE HERNANDEZ 616 BEXAR STREET SAN ANTONIO TX 78228 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187</div> Nonpriority creditor's name and mailing address DARLING INTERNATIONAL INC. 251 O'Connor Ridge Blvd, Ste 300 IRVING TX 75038 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$377.36</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188</div> Nonpriority creditor's name and mailing address DARRIUS BUTLER 3411 ROBIN HOOD DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.189</div> Nonpriority creditor's name and mailing address DAVID ADAMS 602 PARK LN KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.190</div> Nonpriority creditor's name and mailing address DAVID AMOS 207 W Anderson Ave Apt #A COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191</div> Nonpriority creditor's name and mailing address DAVID FAIR JR 809 ROOT#1 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.192</div> Nonpriority creditor's name and mailing address DAVID GOFF 4100 LAKE ROAD APT 101 KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.193</div> Nonpriority creditor's name and mailing address DAVONTE MANUEL 4102 WEST ADAMS AVE APT# 106 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194</div> Nonpriority creditor's name and mailing address DAVOR DIZDAREVIC 939 CRESTED POINT DR COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.195</div> Nonpriority creditor's name and mailing address DAWANN MCINTYRE 2001 E AVE K TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.196</div> Nonpriority creditor's name and mailing address DAYS BARAHONA AGUILAR 1212 ROYAL CREST DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.197</div> Nonpriority creditor's name and mailing address DEBRA YOUNG PO BOX 462 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.198</div> Nonpriority creditor's name and mailing address DECARIUJHN JIMMERSON 815 GREELY AVE JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.199</div> Nonpriority creditor's name and mailing address DEHAVION MCFARLAND 133 OLD LINE RD APT # 25 NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.200</div> Nonpriority creditor's name and mailing address DEJA MIMS 2120 MANNING WAY BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.201 Nonpriority creditor's name and mailing address Deluxe Business Checks and Solutions PO BOX 742572 CINCINNATI OH 45274-2572 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,340.15
3.202 Nonpriority creditor's name and mailing address DEMARCUS SCOTT 1701 PINE AVE WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203 Nonpriority creditor's name and mailing address DEMIKETRA STROUD 1106 CHESTNUT WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.204 Nonpriority creditor's name and mailing address DERAYVIAN TAYLOR 2115 N. WINONA TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.205 Nonpriority creditor's name and mailing address DESTINEY JONES 3600 SCROGGINS APT 2E BELLMEAD TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.206 Nonpriority creditor's name and mailing address DESTINY BROWN 612 CRIM AVE KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.207 Nonpriority creditor's name and mailing address DESTINY PAGE 116 MACKECHNEY ST.2 NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.208 Nonpriority creditor's name and mailing address DEVANTE JONES 4303 FROG DRIVE KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.209</div> Nonpriority creditor's name and mailing address DEVARIOUS JONES 2210 WICKUP TRAIL HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.210</div> Nonpriority creditor's name and mailing address DEVIN ASHWORTH 913 KERN ROAD KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.211</div> Nonpriority creditor's name and mailing address DIANA CONERWAY 5283 FM 2039 CALDWELL TX 77836 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212</div> Nonpriority creditor's name and mailing address DIANA CORRALES 331 ADA ST SAN ANTONIO TX 78223 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.213</div> Nonpriority creditor's name and mailing address DIEGO LEWIS 801 GREELY JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.214</div> Nonpriority creditor's name and mailing address DIRECTV P O BOX 60036 LOS ANGELES CA 90060-0036 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.49
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215</div> Nonpriority creditor's name and mailing address DOMINIC CUMMINGS 1606 S ANN BLVD #1 HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.216</div> Nonpriority creditor's name and mailing address DONALD TURNER 2221 BREEZY DR WACO TX 76712 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.217</div> Nonpriority creditor's name and mailing address DONEISHA GREEN 309 ROOT AVE APT # 5 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218</div> Nonpriority creditor's name and mailing address DONNA TRIPLETT 1007 WEST AVE D COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.219</div> Nonpriority creditor's name and mailing address DONNA WASHINGTON 420 N.WALL ST APT#2A BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.220</div> Nonpriority creditor's name and mailing address DONNIE ANTUNEZ 811 WEBSTER ST WACO TX 76706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.221</div> Nonpriority creditor's name and mailing address DONYEKIA HAWKINS 1112 SUNGLADE ST GILMER TX 75644 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.222</div> Nonpriority creditor's name and mailing address DOUGLAS LANGFORD 7652 PRIVATE ROAD 1464 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.223</div> Nonpriority creditor's name and mailing address DURELL CAMPBELL 5829 BLACKWELL ST APT # 129 DALLAS TX 75231 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.224</div> Nonpriority creditor's name and mailing address DWAYNE SMITH 3333 STEVE AVE KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.225 Nonpriority creditor's name and mailing address DWIGHT PLYLER 6192 FM 1669 HUNTINGTON TX 75949 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.226 Nonpriority creditor's name and mailing address DWIGHT WHITELEY 13154 DECK DR TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.227 Nonpriority creditor's name and mailing address DYLAN LISTON 2525 SHILOH RD APT# 264 TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.228 Nonpriority creditor's name and mailing address Ecolab Pest Elimination Division 26252 NETWORK PL CHICAGO IL 60673-1262 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,692.26

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.229</div> Nonpriority creditor's name and mailing address ED JOHNSON 203 I-35 NW THUNDERBIRD MOTEL HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.230</div> Nonpriority creditor's name and mailing address EDDIE HARRISON 344 RICHLAND ST APT # 354D WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.231</div> Nonpriority creditor's name and mailing address EDEN YOUNG 1306 SOUTH 35TH STREET TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.232</div> Nonpriority creditor's name and mailing address EDUARDO TAMAYO 1720 STEWART ST KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.233	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
EDWARD TUCKER 410 WEST PARK ST MADISONVILLE TX 77864		Basis for the claim: Notice only	
Date or dates debt was incurred _____ Last 4 digits of account number ____ _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.234	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
ELENA MORENO 512 N. CASEY MADISONVILLE TX 77864		Basis for the claim: Notice only	
Date or dates debt was incurred _____ Last 4 digits of account number ____ _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.235	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
ELIAS BALBOA 3016 PARROTT AVE WACO TX 76707		Basis for the claim: Notice only	
Date or dates debt was incurred _____ Last 4 digits of account number ____ _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.236	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
ELIZABETH PERRY PO BOX 107 JEWETT TX 75846		Basis for the claim: Notice only	
Date or dates debt was incurred _____ Last 4 digits of account number ____ _		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237</div> Nonpriority creditor's name and mailing address ELLA HARKLESS 118 WILLOW BROOK DR HENDERSON TX 75652 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238</div> Nonpriority creditor's name and mailing address ELODIA CASTILLO 950 CR 4201 JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.239</div> Nonpriority creditor's name and mailing address ELRY STANFER 3122 TRICE AVE WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.240</div> Nonpriority creditor's name and mailing address ELUVIA GONZALEZ 760 COUNTRY ROAD 1548 CENTER TX 75935 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.241</div> Nonpriority creditor's name and mailing address EMILIO MEZA 306 RIDGECREST JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.242</div> Nonpriority creditor's name and mailing address EMILY DUNCAN 3729 SHERWOOD LN TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.243</div> Nonpriority creditor's name and mailing address EMILY GONZALES 523 E UNION AVE UVALDE TX 78801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244</div> Nonpriority creditor's name and mailing address EMMA VILLA 1112 CACTI LN BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.245</div> Nonpriority creditor's name and mailing address ENDIA LAWRENCE 1408 HAMMOND DR KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246</div> Nonpriority creditor's name and mailing address ENMANUEL CORNELIO 504 E NUTBUSH TYLER TX 75708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247</div> Nonpriority creditor's name and mailing address ENRIQUE PRADO 410 CENTERLINE RD WOODWAY TX 76712 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.248</div> Nonpriority creditor's name and mailing address ENTERGY PO BOX 8104 BATON ROUGE LA 70891-8104 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,429.47</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249</div> Nonpriority creditor's name and mailing address ERENIA GUERRERO 2232 CR 326 WEST TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.250</div> Nonpriority creditor's name and mailing address ERICA MAPPS 2309 LILLY ST LONGVIEW TX 75602 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.251</div> Nonpriority creditor's name and mailing address ERIK MOOSA 2629 Damsel Cherry Lane Lewisville TX 75056 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252</div> Nonpriority creditor's name and mailing address ERNEST JONES 4030 CR 209 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.253</div> Nonpriority creditor's name and mailing address ESSENCE LAWRENCE 1100 N 6TH ST WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.254</div> Nonpriority creditor's name and mailing address ESTHER PONCE 108 S REED AVE BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.255</div> Nonpriority creditor's name and mailing address ETELVINA VICENCIO 1718 STEWART ST KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.256</div> Nonpriority creditor's name and mailing address ETHAN WILLIAMS 10450 HWY 7E CENTREVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257</div> Nonpriority creditor's name and mailing address <u>EUGENIA HINES</u> <u>5814 KINGMAN</u> <u>WACO TX 76710</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.258</div> Nonpriority creditor's name and mailing address <u>EVA ALCOSER</u> <u>154 RABBIT CREEK CIRCLE</u> <u>KILGORE TX 75662</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.259</div> Nonpriority creditor's name and mailing address <u>EVANGELINA PALMA</u> <u>245 JOHN KOLB RD</u> <u>LUFKIN TX 75901</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.260</div> Nonpriority creditor's name and mailing address <u>EZIEKIAL CLARK</u> <u>1900 B ECHOLS ST</u> <u>AUSTIN TX 78750</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.261</div> Nonpriority creditor's name and mailing address FABRICIO FLORES 277 SILVERTON ST LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.262</div> Nonpriority creditor's name and mailing address FALCON HOLDINGS MANAGEMENT LLC 7 VILLAGE CIR STE 300 WESTLAKE TX 76262 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$43,462.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.263</div> Nonpriority creditor's name and mailing address FLAVIO BARBALENA 391 CAVIN LN AXTELL TX 76624 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.264</div> Nonpriority creditor's name and mailing address FLOWERS BAKING COMPANY OF TYLER LLC PO BOX 842216 DALLAS TX 75284 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,052.50</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.265</div> Nonpriority creditor's name and mailing address FRANK VEAIL 718 NORTH 59TH ST. WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.266</div> Nonpriority creditor's name and mailing address FRANKIE DELEON 216 1/2 E POLK AVE LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.267</div> Nonpriority creditor's name and mailing address FRED CROSS 330 E MIAN ST NACAGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.268</div> Nonpriority creditor's name and mailing address FREDDY MARTINEZ GARCIA 530 S. PEACH TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.269 Nonpriority creditor's name and mailing address Frederick Brantley Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Alleged Personal Injury Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.270 Nonpriority creditor's name and mailing address Frederick Dowe dba Dowe Microwave Servic 800 SWITZER LN CEDAR HILL TX 75104 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285.17
3.271 Nonpriority creditor's name and mailing address FREDERICK KING 1597 CO RD 320 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.272 Nonpriority creditor's name and mailing address FREDRICK JOHNSON 3122 TRICE AVE WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.273</div> Nonpriority creditor's name and mailing address FREDRICK PITTMAN JR 911 FLORIDA STREET BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.274</div> Nonpriority creditor's name and mailing address FREDY BARAHONA 713 ALLENDALE LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275</div> Nonpriority creditor's name and mailing address FRONTIER PO BOX 740407 CINCINNATI OH 45274-0407 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.14
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.276</div> Nonpriority creditor's name and mailing address GABRIEL ALLEN 1315 JEFFERIS AVE KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277</div> Nonpriority creditor's name and mailing address GARY BALBOA 2514 LYLE AVE WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.278</div> Nonpriority creditor's name and mailing address GARY DUFFEY 3912 NORTH 22ND ST WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.279</div> Nonpriority creditor's name and mailing address GARY HEMPHILL 1009 N VALLEY MILLS DR APT 144 WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280</div> Nonpriority creditor's name and mailing address GENE CASTILLO 1110 WEST AVE A TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.281</div> Nonpriority creditor's name and mailing address GEORGE SCHMIDT IV PO BOX 108 DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.282</div> Nonpriority creditor's name and mailing address GERMAINE TAYLOR 407 ALEXANDER ST KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.283</div> Nonpriority creditor's name and mailing address GILBERTO RODRIGUEZ 2189 LIVE OAK CIRCLE BRYAN TX 77807 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.284</div> Nonpriority creditor's name and mailing address GILDA VILLAGOMEZ 2016 DUSK DIRVE KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285</div> Nonpriority creditor's name and mailing address GIS BENEFITS PO BOX 1806 SAN ANOTNIO TX 78296 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,468.04
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.286</div> Nonpriority creditor's name and mailing address GUADALUPE FIALLOS 822 MT CARMEL RD LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.287</div> Nonpriority creditor's name and mailing address GUADALUPE LOPEZ 200 NORTHGATE LN JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.288</div> Nonpriority creditor's name and mailing address GUARDIAN PO BOX 677458 DALLAS TX 75267-7458 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,365.89

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.289</div> Nonpriority creditor's name and mailing address GWENDOLYN BOWEN 1500 OLYMPIA WAY APT # 16 COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.290</div> Nonpriority creditor's name and mailing address GWENDOLYN MILLER 3338 W. COPE ST. TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.291</div> Nonpriority creditor's name and mailing address HARLAND CLARKE CORP D/B/A TRANSOURCE PO BOX 60005 CHARLOTTE NC 28260-0005 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.91
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.292</div> Nonpriority creditor's name and mailing address HAROLD JONES 4504 JOHN DAVID DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.293 Nonpriority creditor's name and mailing address Health Insurance Marketplace Attn: Supporting Documentation 465 Industrial Blvd London KY 40750-0001 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.294 Nonpriority creditor's name and mailing address HEATHER ALFORD 100 HOME ST HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295 Nonpriority creditor's name and mailing address HEATHER DURAN 534 COUNTY ROAD APT # 170 BAY CITY TX 77414 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.296 Nonpriority creditor's name and mailing address HEATHER GANN 818 S CASS UNIT 9 B CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.297</div> Nonpriority creditor's name and mailing address HEATHER MUNK 405 W 28TH ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.298</div> Nonpriority creditor's name and mailing address HECTOR RAMIREZ 150 OAK LEAF COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.299</div> Nonpriority creditor's name and mailing address HENRY GARCIA 1303 SOUTH 19TH ST APT # B TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.300</div> Nonpriority creditor's name and mailing address HIEN COVINGTON 132 RIDGEWAY COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.301</div> Nonpriority creditor's name and mailing address HIRELINKS CORP 3927 BONNIE LANE ROUND ROCK TX 78665 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,787.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.302</div> Nonpriority creditor's name and mailing address HM ELECTRONICS INC 14110 STOWE DR POWAY CA 92064 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,976.34
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.303</div> Nonpriority creditor's name and mailing address HYCHEON SLAUGHTER 3627 COLCORD AVE WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.304</div> Nonpriority creditor's name and mailing address Industrial Steam Cleaning of Central Texas PO BOX 1186 SALADO TX 76571 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,415.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.305</div> Nonpriority creditor's name and mailing address IRENEANA JALLORINA 3605 WOODLAKE DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.306</div> Nonpriority creditor's name and mailing address ISAAC GAINEY 4101 E RANCIER AVE KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.307</div> Nonpriority creditor's name and mailing address ISABEL FORASTIERI 313 INDIAN OAKS DR HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.308</div> Nonpriority creditor's name and mailing address ISELA MUNOZ 155 CR 1628 JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.309</div> Nonpriority creditor's name and mailing address ISIDRO MATUL 1713 ANDERSON ST APT B COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.310</div> Nonpriority creditor's name and mailing address IVORY ASBERRY 4500 ROCKING K DR WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.311</div> Nonpriority creditor's name and mailing address IYESHA GRIGSBY 1509 WOODEN NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.312</div> Nonpriority creditor's name and mailing address JACK HAVEN 1504 N COMMERCE ST CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.313</div> Nonpriority creditor's name and mailing address JACKSON SIGN & LIGHTING INC PO BOX 23087 WACO TX 76702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,192.24
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.314</div> Nonpriority creditor's name and mailing address JACOB RODRIGUEZ 2000 INDIAN TRAIL TRL 7B HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.315</div> Nonpriority creditor's name and mailing address JACOB WHICKER 1101 Southwest Parkway Apt #2011 COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.316</div> Nonpriority creditor's name and mailing address JACQUELINE FIELDS 8824 OLD MCGREGOR RD APT #8824 HEWITT TX 76712 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317</div> Nonpriority creditor's name and mailing address JACQUES MAYS 5823 HOPKINS DR TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.318</div> Nonpriority creditor's name and mailing address JADA JOURDIAN 1304 HARRIS AVE APT # 40 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.319</div> Nonpriority creditor's name and mailing address JAMARI PAGE 1117 N 8TH ST APT # 1 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.320</div> Nonpriority creditor's name and mailing address JAMAYNE SCOTT 1811 EAST AVENUE K APT # 411 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.321</div> Nonpriority creditor's name and mailing address JAMERSON SCANLON 1103 COVEY LN APT D KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.322</div> Nonpriority creditor's name and mailing address JAMES BROWN 1139 DUTTON AVE WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.323</div> Nonpriority creditor's name and mailing address JAMES DAVIS 375 SHERWOOD FOREST DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.324</div> Nonpriority creditor's name and mailing address JAMES FUSE 316 W DEAN AVE KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.325</div> Nonpriority creditor's name and mailing address JAMES SANDLE 3200 FINFEATHER STREET # 249 BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.326</div> Nonpriority creditor's name and mailing address JAMES SCHOOLEY 611 N 5TH ST APT# J6 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.327</div> Nonpriority creditor's name and mailing address JAMES WRIGHT 521 S HENDERSON ST TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328</div> Nonpriority creditor's name and mailing address JAMIAH MCCOSKILL 84376 HONEY LOCUST UNIT2 FORT HOOD TX 76544 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.329</div> Nonpriority creditor's name and mailing address JAMIE HAMMOCK 1732 CORDOVA LOOP SEGUIN TX 78155 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330</div> Nonpriority creditor's name and mailing address JANAY KELLY 4520 N 19TH ST APT # A WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.331</div> Nonpriority creditor's name and mailing address JANET CIFTCIBASIS 207 TOPAZ CIRCLE BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.332</div> Nonpriority creditor's name and mailing address JANIS WATLEY 1809 HOWARD ST WACO TX 76711 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.333</div> Nonpriority creditor's name and mailing address JANNETTE SANDERS 3496 CR 305 BUFFALO TX 75831 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334</div> Nonpriority creditor's name and mailing address JAQUICE JOHNSON 1028 E WALNUT ST HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.335</div> Nonpriority creditor's name and mailing address JARRON GAINER 715 EARLENE STREET TYLER TX 75708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336</div> Nonpriority creditor's name and mailing address JASMIN BARAJAS 230 SAUCEDO RD DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

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Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.337</div> Nonpriority creditor's name and mailing address JAZMIN MACIAS 135 FINLEY AVENUE LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.338</div> Nonpriority creditor's name and mailing address JC SERVICES 1801 MCGINNIS CT HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,167.86
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.339</div> Nonpriority creditor's name and mailing address JC SUPERIOR LLC PO BOX 6754 BRYAN TX 77805 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,562.25
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.340</div> Nonpriority creditor's name and mailing address JEFFERY CLARK 3605 N 23RD ST WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.341</div> Nonpriority creditor's name and mailing address JEFFERY DELANEY 4205 JULY DRIVE APT # C KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.342</div> Nonpriority creditor's name and mailing address JEREMI SANDERS 1826 CR 3301 JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.343</div> Nonpriority creditor's name and mailing address JERMIQUE JACKSON 2713 S BROADWAY AVE APT # 121 TYLER TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.344</div> Nonpriority creditor's name and mailing address JERRY CANTRELL 3403 ATKINSON AVE APT # D KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.345</div> Nonpriority creditor's name and mailing address JERRY SIMMONS 2810 W ERWIN ST TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.346</div> Nonpriority creditor's name and mailing address JERRY TAYLOR 13946 CANTWELL DR HOUSTON TX 77014 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.347</div> Nonpriority creditor's name and mailing address JERRY TENNELLE JR. 3815 RANGER DR BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.348</div> Nonpriority creditor's name and mailing address JESSICA COBURN 791 HCR 1313 HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

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Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.349</div> Nonpriority creditor's name and mailing address JESSICA LITTLE 3200 FINFEATHER RD BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.350</div> Nonpriority creditor's name and mailing address JESUS ALVARADO 501 E LITTLE DIPPER KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351</div> Nonpriority creditor's name and mailing address JESUS DURAN 423 N GILMER ST APT 11 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.352</div> Nonpriority creditor's name and mailing address JIMMARON POOLE 1513 ANNA LEE DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.353</div> Nonpriority creditor's name and mailing address JIMMY HADNOT 212 WHITEHOUSE DR LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.354</div> Nonpriority creditor's name and mailing address JIMMY HALL 6721 OKLAHOMA LN MIDWAY TX 75852 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.355</div> Nonpriority creditor's name and mailing address JOE FITZGERALD 2602 JOHN PORTER DR KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.356</div> Nonpriority creditor's name and mailing address JOHN KING IV 1318 S 30 TH WACO TX 76711 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357</div> Nonpriority creditor's name and mailing address JOHNNY GRIFFITH 176 FLOYD DR. LUFKIN TX 76901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.358</div> Nonpriority creditor's name and mailing address JOHNTHAN MYERS 201 MYRIA STREET LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.359</div> Nonpriority creditor's name and mailing address JONATHAN BERRY 4103 FM 757 WINONA TX 75792 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.360</div> Nonpriority creditor's name and mailing address JONELL HAYNES 405 W 28TH ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.361</div> Nonpriority creditor's name and mailing address JOQUAVEOUS BASS 2202 WNW LOOP 323 APT # 426 TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.362</div> Nonpriority creditor's name and mailing address JORDAN DOWLING 813 CENTER ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.363</div> Nonpriority creditor's name and mailing address JORDYN HARMON 1110 INDIAN TRAIL 22 HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.364</div> Nonpriority creditor's name and mailing address JOSE PICAZO 2606 LEWIS ST KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.365</div> Nonpriority creditor's name and mailing address JOSHUA MOORE 1612 N 10TH ST WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.366</div> Nonpriority creditor's name and mailing address JOSHUA RHODES 610 PSCAR BERRU RD LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.367</div> Nonpriority creditor's name and mailing address JOSHUA RIVAS 1307 CALIFORNIA BLVD LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.368</div> Nonpriority creditor's name and mailing address JOSHUA SAIZON 10550 SHELBY LN TYLER TX 75707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369</div> Nonpriority creditor's name and mailing address JOVANY NAVAS 1506 BUNDRANT DR APT # 227 KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.370</div> Nonpriority creditor's name and mailing address JUANA CHAVEZ 318 PRIVATE RD 3659 KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.371</div> Nonpriority creditor's name and mailing address JUANA SANTOS 324 CASEY RD LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.372</div> Nonpriority creditor's name and mailing address JUANA TORRES 164 SPRING MEADOW LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.373</div> Nonpriority creditor's name and mailing address JULEYA MCINTYRE 5200 DEERWOOD TRAIL KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.374</div> Nonpriority creditor's name and mailing address JULIA ESTEVES 403 SOUTH FIRST ST DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.375</div> Nonpriority creditor's name and mailing address JULIE FARRELL 166 OAKLAND CIRCLE LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.376</div> Nonpriority creditor's name and mailing address JUSTIN HAYNES 3200 FINFEATHER BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.377</div> Nonpriority creditor's name and mailing address KALA MIMS 2356 FM 2776 BRYAN TX 77808 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.378</div> Nonpriority creditor's name and mailing address KALAB CRANSTON 3933 BELLE MERE DR TYLER TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.379</div> Nonpriority creditor's name and mailing address KAMESHIA TINSLEY 503 N RAGSDALE JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.380</div> Nonpriority creditor's name and mailing address KARL MALONE 5711 REDSTONE DR APT # D KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.381</div> Nonpriority creditor's name and mailing address KASSANDRA SILVA 1505 QUARRY DR KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.382</div> Nonpriority creditor's name and mailing address KATAZSHANE DAVIS 102 S MARABLE ST WEST TX 76691 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383</div> Nonpriority creditor's name and mailing address KATHERINE BRAUN 5852 TEMERITY WAY BULVERDE TX 78163 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.384</div> Nonpriority creditor's name and mailing address KAYLA EVANS 816 E MAIN ST MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385</div> Nonpriority creditor's name and mailing address KAYLA MEDEROS 317 SELMAN ST TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.386</div> Nonpriority creditor's name and mailing address KELLY CONNER 306 E MULBERRY HUNTINGTON TX 75949 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.387</div> Nonpriority creditor's name and mailing address KELLY LOWRANCE 1400 E AVE H APT # 72 NOLANVILLE TX 76559 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388</div> Nonpriority creditor's name and mailing address KELVIN DAVIS 1011 HATTON ST WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.389</div> Nonpriority creditor's name and mailing address KELVIN OKOLO 5222 NORTHWAY DRIVE APT # 117 NACOGDOCHES TX 75965 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.390</div> Nonpriority creditor's name and mailing address KENNETH BOWERS 201 KRENEK TAP RD COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.391</div> Nonpriority creditor's name and mailing address KENVIA ROSS 435 E WALNUT ST HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.392</div> Nonpriority creditor's name and mailing address KENYAN MCCAULEY 4400 PALUXY DR TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.393</div> Nonpriority creditor's name and mailing address KENYON JONES 800 N 46TH ST APT # 19 A KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.394</div> Nonpriority creditor's name and mailing address KEVIN AVILEZ 713 ALLENDALE DR LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.395</div> Nonpriority creditor's name and mailing address KHADIJA DAVIS 4006 MADISON DR. APT. #B KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396</div> Nonpriority creditor's name and mailing address KHIYANA TAYLOR 1910 BARAK LN APT # 17 BRYAN TX 77802 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.397</div> Nonpriority creditor's name and mailing address KIERRA MONROE 1006 DANSBY BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.398</div> Nonpriority creditor's name and mailing address KIERSTEN COLLET 4004 AUSTINS ESTATES BRYAN TX 77808 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.399</div> Nonpriority creditor's name and mailing address KIMBERLY JANUARY 9911 FM MIDWAY TX 75852 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.400</div> Nonpriority creditor's name and mailing address KIMBERLY MAY 4501 WOODBEND DR BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.401</div> Nonpriority creditor's name and mailing address KIMBERLY PRINZ 605 BURTON AVE LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.402</div> Nonpriority creditor's name and mailing address Kimbrough Fire Extinguisher Company Inc PO BOX 13296 ARLINGTON TX 76094-0296 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,008.04
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.403</div> Nonpriority creditor's name and mailing address KITIONA LUAU JR 605 STEWART ST. KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.404</div> Nonpriority creditor's name and mailing address KORY SHURON 309 ROOT AVE #154 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.405</div> Nonpriority creditor's name and mailing address KRISTI FORD 1400 E AVE H APT # 79 NOLANVILLE TX 76559 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.406</div> Nonpriority creditor's name and mailing address KRISTIN BROWN 1909 SYBIL LN TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.407</div> Nonpriority creditor's name and mailing address KRISTINA DMYTRENKO 4409 CAUSEWAY CT. KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.408</div> Nonpriority creditor's name and mailing address KRISTOPHER PICKLE 1303 FM 1119 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.409</div> Nonpriority creditor's name and mailing address KRISTY DESTEFANO 3107 60TH ST KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.410</div> Nonpriority creditor's name and mailing address KRYSTAL SNYDER 221 E. CRAVEN AVE. WACO TX 76705-1946 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411</div> Nonpriority creditor's name and mailing address KRYSTAL STOGLIN 720 OLIVE ST WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.412</div> Nonpriority creditor's name and mailing address KUNTELLEON SPIKES 1738 DALLAS CIRCLE APT A WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.413</div> Nonpriority creditor's name and mailing address LADONNA MILLS 1003 S 27TH COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.414</div> Nonpriority creditor's name and mailing address LAKESHA STOGLIN 1621 N 18TH ST WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415</div> Nonpriority creditor's name and mailing address LAKIRA MURPHEY 1828 SANDY POINT RD APT # 4106 BRYAN TX 77808 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.416</div> Nonpriority creditor's name and mailing address LANCE A PARKER P.O BOX 1541 HUNTINGTON TX 75949 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,909.79

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.417</div> Nonpriority creditor's name and mailing address LANE EQUIPMENT COMPANY PO BOX 540909 HOUSTON TX 77254-0909 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.33
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418</div> Nonpriority creditor's name and mailing address LANNY LYONS 402 HIGGS DR BRYAN TX 77807 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.419</div> Nonpriority creditor's name and mailing address LAPORTIA PLEASANT 809 GREELY AVE JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.420</div> Nonpriority creditor's name and mailing address LARCEY LAWRENCE 903 N 31ST ST WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.421</div> Nonpriority creditor's name and mailing address LAREYNA WILSON 703 WEST GLENWOOD TYLER TX 75710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.422</div> Nonpriority creditor's name and mailing address LARISSA WEAVER 517 S MARY ST TRL C MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.423</div> Nonpriority creditor's name and mailing address LARRY BUTTON 11300 HWY 271 LOT 250 TYLER TX 75708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.424</div> Nonpriority creditor's name and mailing address LARRY TOLLERSON 5105 DAVY CROCKETT STREET TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.425</div> Nonpriority creditor's name and mailing address LASANDRA DAVIS 1806 AVONDALE WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.426</div> Nonpriority creditor's name and mailing address LASHANDA JOHNSON 8699 CO RD 3111 KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.427</div> Nonpriority creditor's name and mailing address LATONTRA DUKES 408 A JUSTIN LANE HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.428</div> Nonpriority creditor's name and mailing address LATONYA BROWN 1011 N. JACKSON #3I JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.429</div> Nonpriority creditor's name and mailing address LATOYA WHITFIELD 434 E WALNUT ST HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.430</div> Nonpriority creditor's name and mailing address LATOYSHA ERVIN 2849 MADISON DR APT D WACO TX 76706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.431</div> Nonpriority creditor's name and mailing address LAURA DIAZ AGUILAR 265 SILVERTON ST LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.432</div> Nonpriority creditor's name and mailing address LAURA HARKINS 12202 STATE HWAY 75 SOUTH MIDWAY TX 75852 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.433</div> Nonpriority creditor's name and mailing address LAVONTE JAMES 2844 CR 4935 KEMPNER TX 76539 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.434</div> Nonpriority creditor's name and mailing address LAWRENCE MICKLES 800 SHADY LN. #517 BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.435</div> Nonpriority creditor's name and mailing address LEKEDRICK ROBERSON 724 OLAF DR TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.436</div> Nonpriority creditor's name and mailing address LEVI WHEAT 725 CACTUS LANE COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.437</div> Nonpriority creditor's name and mailing address LEXI BATCHAND 207 TOPAZ CIRCLE BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.438</div> Nonpriority creditor's name and mailing address LINDA FUENTES 611 BROOK DR. KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.439</div> Nonpriority creditor's name and mailing address LINDA SCOTT 408 LOTTIE ST WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.440</div> Nonpriority creditor's name and mailing address LINDA WHITED 1225 KELLUM ST. WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.441</div> Nonpriority creditor's name and mailing address Liquid Environmental Solutions Of Texas PO BOX 733372 DALLAS TX 75373 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,885.09
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.442</div> Nonpriority creditor's name and mailing address LISA GOSNEY 1396 CR 4930 KEMPNER TX 76539 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.443</div> Nonpriority creditor's name and mailing address LIZA GONZALES 2417 COLGATE CIRCLE COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.444</div> Nonpriority creditor's name and mailing address LMICHAEL AMOS 102 E TRUMAN AVE APT # B COPPEARS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.445</div> Nonpriority creditor's name and mailing address LOCHRIDGE-PRIEST, INC P O BOX 154187 WACO TX 76715 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,128.28
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.446</div> Nonpriority creditor's name and mailing address LOGGINS PLUMBING PO BOX 150937 LUFKIN TX 75915-0937 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,824.45
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.447</div> Nonpriority creditor's name and mailing address LOIS BROCKINGTON 303 HORTON ST KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.448</div> Nonpriority creditor's name and mailing address LONDON MCCULLOUGH 2202 W NW LOOP 323 APT # 122 TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.449</div> Nonpriority creditor's name and mailing address LONESTAR LOGOS & SIGNS LLC 611 S CONGRESS AVE STE 300 AUSTIN TX 78704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,375.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.450</div> Nonpriority creditor's name and mailing address LONNY BERNAL 2706 ATKINSON DR. LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.451</div> Nonpriority creditor's name and mailing address LUDCO, INC 3210 SW STALLINGS DRIVE NACOGHDOCHES TX 75964 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,789.57
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.452</div> Nonpriority creditor's name and mailing address MACDARIUS GIPSON 600 W HALLMARK BLVD APT # 517 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.453</div> Nonpriority creditor's name and mailing address MACY MOORING 1104 EAST MAIN ST MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.454</div> Nonpriority creditor's name and mailing address MADISON COUNTY Office of Retail Food Permitting & Inspe 300 W SCHOOL ST RM 104 MADISONVILLE TX 77864-1990 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.455</div> Nonpriority creditor's name and mailing address MAKIA WYATTS 2120 PEARL ST APT # 110 NACOGDOCHES TX 75965 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.456</div> Nonpriority creditor's name and mailing address MALAKI STRICKLAND 826 W. 32 ND STREET TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.457</div> Nonpriority creditor's name and mailing address MALCOLM MAKES 3611 POINTER ST BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.458</div> Nonpriority creditor's name and mailing address MALEEQUE RIDEN 308 EARL ST JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.459</div> Nonpriority creditor's name and mailing address MALIK TORRES 3829 HUACO LN WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.460</div> Nonpriority creditor's name and mailing address MANUEL PARADA 503 1/2 NORTH 4TH STREET TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.461</div> Nonpriority creditor's name and mailing address MARC GUZMAN 826 MT CARMEL RD. LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.462</div> Nonpriority creditor's name and mailing address MARC HOOKS 2917 NORTH 12TH ST TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.463</div> Nonpriority creditor's name and mailing address MARCUS FAHIE 4307 TELLURIDE DR. KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.464</div> Nonpriority creditor's name and mailing address MARGARITA GODINEZ 8222 ECHO LN TYLER TX 75708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.465</div> Nonpriority creditor's name and mailing address MARGARITA SANCHEZ 7692 COUNTY ROAD 485 TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.466</div> Nonpriority creditor's name and mailing address MARIA ANGULO 2006 WOODLAWN ST TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.467</div> Nonpriority creditor's name and mailing address MARIA DELGADO HOLQUIN 386 CRIPPLE CREEK RD. LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.468</div> Nonpriority creditor's name and mailing address MARIA LARA CISNEROS 803 STUTTS ST. MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.469</div> Nonpriority creditor's name and mailing address MARIA MARTINEZ 3200 FIN FEATHER APT 121 BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.470</div> Nonpriority creditor's name and mailing address MARIA MONTENEGRO 605 ATKINSON AVE #3 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.471</div> Nonpriority creditor's name and mailing address MARIA RAMIREZ 194 BLUEBONNET BND NACOGDOCHES TX 75965 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.472</div> Nonpriority creditor's name and mailing address MARIA RAMIREZ 920 CLEARLEAF DR APT 80 BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.473</div> Nonpriority creditor's name and mailing address MARIA REYES 554 HUMASON AVE LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.474</div> Nonpriority creditor's name and mailing address MARIA ROSS 212 N SPARKS BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.475</div> Nonpriority creditor's name and mailing address MARIA SANTANA PINA 1175 BURKHALTER HOLLOW RD DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.476</div> Nonpriority creditor's name and mailing address MARIA SEPULVEDA 2246 COUNTY ROAD 326 W TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.477</div> Nonpriority creditor's name and mailing address MARIA TORRES 108 S REED AVE BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.478</div> Nonpriority creditor's name and mailing address MARIAH TONDRE 4511 LONESOME DOVE DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.479</div> Nonpriority creditor's name and mailing address MARIEL FAULLON 1024 BURKHALTER RD. DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.480</div> Nonpriority creditor's name and mailing address MARISOL GONZALES 705 E ELM ST HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.481</div> Nonpriority creditor's name and mailing address MARISOL PATLAN 2118 N TENNEHAH AVE TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.482</div> Nonpriority creditor's name and mailing address MARQUEZ BROWN 612 PAINTBRUSH DR HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.483</div> Nonpriority creditor's name and mailing address MARSHA BELTON 1402 TEJAS TRAIL HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.484</div> Nonpriority creditor's name and mailing address MARSHAL HODGANEK 800 SHADY LN. #531 BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.485</div> Nonpriority creditor's name and mailing address MARTHA JIMENEZ 822 MOUNT CARMEL RD LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.486</div> Nonpriority creditor's name and mailing address MARTISHA BAKER 2229 RED BIRD LANE APT # E TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.487</div> Nonpriority creditor's name and mailing address MARVELL JONES 1304 SADDLE DR KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.488</div> Nonpriority creditor's name and mailing address MARY PINEDA 822 MOUNT CARMEL RD. LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.489</div> Nonpriority creditor's name and mailing address MARYJANE CASTILLO 519 N GRESHAM ST MARLIN TX 76661 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.490</div> Nonpriority creditor's name and mailing address Marylou Medina Garcia c/o Ben Abbott & Associates 1934 Pendleton Drive Garland TX 75041 Date or dates debt was incurred 01/02/2015 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Alleged Personal Injury Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.491</div> Nonpriority creditor's name and mailing address MASON BRASHEAR 915 SHERWOOD LN JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.492</div> Nonpriority creditor's name and mailing address MATTHEW CHAPMAN 3603 CRESCENT DR KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.493</div> Nonpriority creditor's name and mailing address MAYRA NUSTAS 222 HOPKINS ST LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.494</div> Nonpriority creditor's name and mailing address MBM CORPORATION 2641 MEADOWBROOK RD ROCKY MOUNT NC 27801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$548,681.92
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.495</div> Nonpriority creditor's name and mailing address MCGLADREY LLP 5155 PAYSHERE CIR CHICAGO IL 60674 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,426.30
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.496</div> Nonpriority creditor's name and mailing address MCI COMM SERVICE PO BOX 15043 ALBANY NY 15043 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.67

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.497</div> Nonpriority creditor's name and mailing address MCINTYRE PLUMBING 10291 ROBINSON DR TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.498</div> Nonpriority creditor's name and mailing address MEGAN CHAMNESS 805 W LINCOLN AVE COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.499</div> Nonpriority creditor's name and mailing address MELANIE MOLINAR 1302 COVEY LANE APT # B KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.500</div> Nonpriority creditor's name and mailing address MERCEDES SEARCY 1500 OLYMPIA WAY APT 16 COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.501</div> Nonpriority creditor's name and mailing address MICAH PRAVEL 1204 S. LOOP DR. APT. 1 WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.502</div> Nonpriority creditor's name and mailing address MICAH SMITH 6204 CROMWELL CT BRYAN TX 77802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.503</div> Nonpriority creditor's name and mailing address MICHAEL GUERRA 709 DENNIS ST DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.504</div> Nonpriority creditor's name and mailing address MICHAEL RANSBURG 1604 E ADAMS AVE TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.505</div> Nonpriority creditor's name and mailing address MICHAEL SANTIKOS 224 LYNN DR APT # A BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.506</div> Nonpriority creditor's name and mailing address MICHAEL SIGLER 416 WOLDERT ST TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.507</div> Nonpriority creditor's name and mailing address MICHEAL LOUGHMILLER 615 FM 856 N TROUP TX 75789 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.508</div> Nonpriority creditor's name and mailing address MICHEAL PARTIDA 208 NORTH CHURCH ST APT # 402 HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.509</div> Nonpriority creditor's name and mailing address MICHEALLA SIMPSON 1018 N ROSS AVE APT # A TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.510</div> Nonpriority creditor's name and mailing address MICHELLE JONES 821 WEST AVE I APT B BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.511</div> Nonpriority creditor's name and mailing address MICHELLE ROSALES 277 SILVERTON ST LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.512</div> Nonpriority creditor's name and mailing address MICKEY SIMON 4606 Bowles Drive Apt #Unita KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.513</div> Nonpriority creditor's name and mailing address MIKE STAAS SERVICES, INC 4914 FORT AVE. WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$972.09
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.514</div> Nonpriority creditor's name and mailing address MIKEL LEE 1403 SPOKANE STREET NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.515</div> Nonpriority creditor's name and mailing address MIRIAM GONZALEZ 7102 COKUI DR KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.516</div> Nonpriority creditor's name and mailing address MISTY DONALDSON 1806 CHISHOLM TRAIL SALADO TX 76571 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.517</div> Nonpriority creditor's name and mailing address MITCHELL MURPHY 6006 ALEXUS DR KILLEEN TX 75642 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.518</div> Nonpriority creditor's name and mailing address MONICA CHRISTIAN 1007 NNW LOOP 323 277 TYLER TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.519</div> Nonpriority creditor's name and mailing address MONICA DEL VILLAR 1208 W GROVE AVE LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.520</div> Nonpriority creditor's name and mailing address MONICA LAMBORN 140 FLOWER PATH LUFKIN TX 75904 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.521</div> Nonpriority creditor's name and mailing address MONICA REYNOLDS 405 WEST 28TH ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.522</div> Nonpriority creditor's name and mailing address MORRIS LONDON 1410 MARTINSVILLE RD NACAGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.523</div> Nonpriority creditor's name and mailing address MR. ROOTER OF CENTRAL TEXAS 207 W PANTHER WAY HEWITT TX 76643 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.524</div> Nonpriority creditor's name and mailing address MR. ROOTER PLUMBING 3615 FRANKLIN AVE #330 WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$677.98</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.525</div> Nonpriority creditor's name and mailing address MR. ROOTER PLUMBING OF CENTRAL TEXAS PO BOX 21804 WACO TX 76702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,071.90
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.526</div> Nonpriority creditor's name and mailing address MYKAYLA MACK 3700 FIELDCREST DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.527</div> Nonpriority creditor's name and mailing address NANCY MARTINEZ 3200 FINFEATHER RD APT 123 BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.528</div> Nonpriority creditor's name and mailing address NATALIA RODRIGUEZ 815 SOUTH PEARL ST APT # A BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.529</div> Nonpriority creditor's name and mailing address NATALIE GARCIA 301 FULLER ST DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.530</div> Nonpriority creditor's name and mailing address NATASHA JACKSON 4401 ALAN KENT APT D KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.531</div> Nonpriority creditor's name and mailing address NAVID SALEHEZADEH 4433 RIDGE POINT LN. PLANO TX 75024-7039 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.532</div> Nonpriority creditor's name and mailing address NEVAEH BARNWELL 327 E. CHEROKEE DR. HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.533</div> Nonpriority creditor's name and mailing address NEVAEH JAMES 5328 LANCE LOOP KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.534</div> Nonpriority creditor's name and mailing address NEWRN NETTERVILLE 1537 WESTERN OAKS DR. WOODWAY TX 76712 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.535</div> Nonpriority creditor's name and mailing address NORRIS GRIFFIN 925 COLLEGE AVE MEXIA TX 76667 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.536</div> Nonpriority creditor's name and mailing address NSF INTERNATIONAL DEPT LOCK BOX #771380 PO BOX 77000 DETROIT MI 48277-1380 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.537</div> Nonpriority creditor's name and mailing address NUCO2 LLC 2800 SE MARKET PL STUART FL 34997 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,120.51
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.538</div> Nonpriority creditor's name and mailing address O'SHAY BELL 303 SOUTH 42ND STREET APT # D KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.539</div> Nonpriority creditor's name and mailing address OLIMPIA ZAMARRON 12182 STATE HWY 64 WEST TYLER TX 75704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.540</div> Nonpriority creditor's name and mailing address OLIVIA MORRISON 2310 BERNICE CR COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.541</div> Nonpriority creditor's name and mailing address OMAR MOORE 6703 GOLDEN OAK LN KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.542</div> Nonpriority creditor's name and mailing address ONE CALL SERVICES LLC 10867 OAKDALE DR TYLER TX 75707 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,202.15
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.543</div> Nonpriority creditor's name and mailing address ORKIN - TYLER P O BOX 8648 TYLER TX 75711 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.54
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.544</div> Nonpriority creditor's name and mailing address ORKIN PEST CONTROL 1728 S US HWY 287 CORSICANA TX 75110 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.01

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.545</div> Nonpriority creditor's name and mailing address OSSIEL LEOS 305 KYE ST LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.546</div> Nonpriority creditor's name and mailing address PAMELA BAINES 6024 PRIVATE DRIVE 4030 NORMANGEE TX 77871 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.547</div> Nonpriority creditor's name and mailing address PAMELA MOSLEY 208 E WELLS ST APT # 8 MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.548</div> Nonpriority creditor's name and mailing address PAMELA ROSS 608 W MLK ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.549</div> Nonpriority creditor's name and mailing address PAR TECH, INC. PO BOX 301175 DALLAS TX 75303 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,086.04
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.550</div> Nonpriority creditor's name and mailing address PATRICIA MUNGIA 1310 S MAIN ST APT # 202 TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.551</div> Nonpriority creditor's name and mailing address PATRICIA ROGERS 703 W AVE B COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.552</div> Nonpriority creditor's name and mailing address PAUL SARVER 1815 POTOMAC APT # C COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.553</div> Nonpriority creditor's name and mailing address PAUL WALKER 1400 WOODBINE APT. #11 BELLMEAD TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.554</div> Nonpriority creditor's name and mailing address PAULA LOWE 407 WISCONSIN ST KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.555</div> Nonpriority creditor's name and mailing address PEDRO RIVERA 3014 TAFT ST KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.556</div> Nonpriority creditor's name and mailing address PETER PAUL'S PLUMBING, INC. 1902 E US HWY 80 WHITE OAK TX 75963 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.38

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.557</div> Nonpriority creditor's name and mailing address PLAYNETWORK INC P O BOX 204515 DALLAS TX 75320-4515 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,402.74
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.558</div> Nonpriority creditor's name and mailing address PNC MERCHANT SERVICES 249 FIFTH AVE PITTSBURGH PA 15222 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,469.02
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.559</div> Nonpriority creditor's name and mailing address PORSCHE GRANT 4507 ALAN KENT DR APT D KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.560</div> Nonpriority creditor's name and mailing address PRINCE CASTLE, INC 21063 NEWTRWK PLACE CHICAGO IL 60673-1210 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$880.56

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.561</div> Nonpriority creditor's name and mailing address Purchasers Choice Inc. 13841 ROSEWELL AVE, SUITE J CHINO CA 91710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.562</div> Nonpriority creditor's name and mailing address QUENTIN RIXNER 711 W CALHOUN AVE BLDG 3 APT #5 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.563</div> Nonpriority creditor's name and mailing address QUENTIN SHEPHERD 134 IDLEWOOD WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.564</div> Nonpriority creditor's name and mailing address QUINTEN MILLNER 5111 SHAWN DRIVE KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.565</div> Nonpriority creditor's name and mailing address QUINTON PEOPLES 204 SHELBY LN WOODWAY TX 76712 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.566</div> Nonpriority creditor's name and mailing address RACHELLE HOLSTON 307 ERIC DR KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.567</div> Nonpriority creditor's name and mailing address RAFAELA MORALES 1519 LAMAR ST SAN ANTONIO TX 78202 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.568</div> Nonpriority creditor's name and mailing address RAMIREZ WILSON 1804 WEST AVE.H APT C TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.569</div> Nonpriority creditor's name and mailing address RANDALL PORTER 219 PORTER LOOP DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.570</div> Nonpriority creditor's name and mailing address RANESHA CARROLL 5918 CALDWELL ST WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.571</div> Nonpriority creditor's name and mailing address RAQUEL OROZCO ESPIRICUETA 6298 DURAN LN TYLER TX 75706 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.572</div> Nonpriority creditor's name and mailing address RASHONDA SCOTT 4206 ALAN KENT APT.#C KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.573</div> Nonpriority creditor's name and mailing address RAVEN SHELTON 139 CR 4002 CHILTON TX 76632 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.574</div> Nonpriority creditor's name and mailing address RAYFUS LACY 715 MOSLEY WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.575</div> Nonpriority creditor's name and mailing address RAYMOND CARDENAS 117 BYBEE CT HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.576</div> Nonpriority creditor's name and mailing address RAYMOND TAYLOR 2509 WATERWOOD LANE BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.577</div> Nonpriority creditor's name and mailing address REGINALD ADAMS III 504 SO. 7TH STREET TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.578</div> Nonpriority creditor's name and mailing address REILLEY MILLER 4409 HARLAN AVE WACO TX 76711 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.579</div> Nonpriority creditor's name and mailing address RENEE BUTTON 11300 HWY 271 LOT 250 TYLER TX 75708 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.580</div> Nonpriority creditor's name and mailing address REPUBLIC ALARM PO BOX 162794 FORT WORTH TX 76161 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.581</div> Nonpriority creditor's name and mailing address REPUBLIC SERVICES # 70 PO BOX 78829 PHOENIX AZ 85062-8829 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.582</div> Nonpriority creditor's name and mailing address RESTAURANT TECHNOLOGIES INC 2250 PILOT KNOB RD MENDOTA HEIGHTS MN 55120 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,105.71
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.583</div> Nonpriority creditor's name and mailing address REVA DOBBINS 1818 CUMBERLAND WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.584</div> Nonpriority creditor's name and mailing address RF TECHNOLOGIES INC 542 S PRAIRIE ST BETHALTO IL 62010 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,835.04

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.585</div> Nonpriority creditor's name and mailing address RICHARD STOKES 219 HOLD ST APT#1 KILLEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.586</div> Nonpriority creditor's name and mailing address RICK BROOME 1265 CR 4903 JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.587</div> Nonpriority creditor's name and mailing address RIKKI SHANGREAU 1500 PENTECOST RD KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.588</div> Nonpriority creditor's name and mailing address ROBERT GOODEN 1305 DALE STREET BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.589</div> Nonpriority creditor's name and mailing address ROBERT JOHNSON 820 CORSICANA HWY HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.590</div> Nonpriority creditor's name and mailing address Robin Stafford 707 East Calhoun Temple TX 76501 Date or dates debt was incurred 03/26/2017 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Alleged Personal Injury Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.591</div> Nonpriority creditor's name and mailing address ROCIO GOMEZ 2300 LUTHER ST TYLER TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.592</div> Nonpriority creditor's name and mailing address RONALD KENNEDY 5101 HAWTHORNE DR. APT #209 WACO TX 76701 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.593</div> Nonpriority creditor's name and mailing address RONNIE BELL 3702 PALMTREE LN KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.594</div> Nonpriority creditor's name and mailing address RORY LOMAS 4401 LORI DR KILLEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.595</div> Nonpriority creditor's name and mailing address ROSA VILLALOBOS 332 CLORE RD HARKER HEIGHTS TX 76548 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.596</div> Nonpriority creditor's name and mailing address ROSALINDA GARCIA 400 GULF HERCULES ST KILGORE TX 75662 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.597</div> Nonpriority creditor's name and mailing address ROSARIO ROBLES 302 WEST SEAL NACOGDOCHES TX 75964 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.598</div> Nonpriority creditor's name and mailing address ROTO-ROOTER PO BOX 644 TEMPLE TX 76503 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,982.22</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.599</div> Nonpriority creditor's name and mailing address ROY HARRIS 600 DEARBORN ST WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.600</div> Nonpriority creditor's name and mailing address RR DONNELLEY CO PO BOX 932721 CLEVELAND OH 44193 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,493.58</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.601</div> Nonpriority creditor's name and mailing address RUDY GARCIA 4608 DILLON DR KILLEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.602</div> Nonpriority creditor's name and mailing address SAEVON CROSBY 1123 S BROADWAY TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.603</div> Nonpriority creditor's name and mailing address SAL BHATTY 3927 BONNIE LN ROUND ROCK TX 78665 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.604</div> Nonpriority creditor's name and mailing address SAMMY BRIMZY 403 SHORT STREET MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.605</div> Nonpriority creditor's name and mailing address SAMUEL BALDRIDGE 2108 HUNT DR APT # D KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.606</div> Nonpriority creditor's name and mailing address SAMYRIA JONES 814 S 6TH ST TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.607</div> Nonpriority creditor's name and mailing address SANDRA VILLA 1600 MOCKINGBIRD LANE KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.608</div> Nonpriority creditor's name and mailing address SARA BARAHONA 1212 ROYAL CREST DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.609</div> Nonpriority creditor's name and mailing address SARAH SIMMONS 14207 S. US HWY 69 HUNTINGTON TX 75949 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.610</div> Nonpriority creditor's name and mailing address SAUL OCAMPO 906 E 26TH ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.611</div> Nonpriority creditor's name and mailing address SAVANNAH ORTIZ 1310 SOUTH 23RD ST APT 207 TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.612</div> Nonpriority creditor's name and mailing address SCOTT HOOD 724 DEARBORN ST WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.613</div> Nonpriority creditor's name and mailing address SEACRELA PEARSON 104 CHOCTOW CT WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.614</div> Nonpriority creditor's name and mailing address SEAN EGGLESTON 304 N 7TH ST TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.615</div> Nonpriority creditor's name and mailing address SEDRICK LEE 6532 BURLING ST WACO TX 76712 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.616</div> Nonpriority creditor's name and mailing address SEIDAH LUGMAN J6047 SHOSHONE DR TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.617</div> Nonpriority creditor's name and mailing address SERENA TREVINO 1701 TERRACE DR APT # 1112 KILLEEN TX 76541-7307 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.618</div> Nonpriority creditor's name and mailing address SERENITY YATES 9912 SMOCK MILL LANE TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.619</div> Nonpriority creditor's name and mailing address SHAHID HASHMI 6206 CROMWELL CT. BRYAN TX 77802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.620</div> Nonpriority creditor's name and mailing address SHAKINLEY LAWRENCE 1408 HAMMOND DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.621</div> Nonpriority creditor's name and mailing address SHALAKIA SCOTT 1406 BENTON ST. WACO TX 76706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.622</div> Nonpriority creditor's name and mailing address SHANIKA HAMILTON 3809 CUMBERLAND WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.623</div> Nonpriority creditor's name and mailing address SHANIQUA FOREST 813 LEON ST NACOGDOCHES TX 75961 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.624</div> Nonpriority creditor's name and mailing address SHANNETTE BILTON 1621 N 18TH WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.625</div> Nonpriority creditor's name and mailing address SHANNON CAMPBELL 608 S 26TH ST APT # B TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.626</div> Nonpriority creditor's name and mailing address SHANNON ELZY P.O.BOX 20395 WACO TX 76702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.627</div> Nonpriority creditor's name and mailing address SHANNON WILLIS 1828 SANDY POINT ROAD BRYAN TX 77807 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.628</div> Nonpriority creditor's name and mailing address SHANTELE GARRETT 1406 S 15TH ST TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.629</div> Nonpriority creditor's name and mailing address SHAQUIN DENMON 8630 HOGAN RD TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.630</div> Nonpriority creditor's name and mailing address SHARAIN BRASSFIELD 1705 COLLEGE ST APT#48 KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.631</div> Nonpriority creditor's name and mailing address SHARDA MANNING 1050 N CASEY ST MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.632</div> Nonpriority creditor's name and mailing address SHARLENE CARROLL 1100 NTH 6ST WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.633</div> Nonpriority creditor's name and mailing address SHARMILA KAFLE 1415 E ELM STREET APT # 201 HILLSBORO TX 76645 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.634</div> Nonpriority creditor's name and mailing address SHAVON JOHNSON 2306 TRUMAN ST. BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.635</div> Nonpriority creditor's name and mailing address SHAWN TA PARR 4402 PECAN LN WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.636</div> Nonpriority creditor's name and mailing address SHAY DESOUZA 3000 WEST ADAMS AVE APT # 403 TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.637</div> Nonpriority creditor's name and mailing address SHEDARIAN ANDERSON 529 N RAGSDALE ST JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.638</div> Nonpriority creditor's name and mailing address SHELBY STAMPLEY 216 N PRESTON ST WHITNEY TX 76692 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.639</div> Nonpriority creditor's name and mailing address SHELTON PLUMBING PO BOX 24220 WACO TX 76702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,895.70
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.640</div> Nonpriority creditor's name and mailing address SHERELL ROBINSON 913 S. 22ND ST. APT. A TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.641</div> Nonpriority creditor's name and mailing address SHERICKA MATTHEWS 309 ROOT AVE ST 21 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.642</div> Nonpriority creditor's name and mailing address SHERRY BRYANT 604 WEST AVENUE B COOPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.643</div> Nonpriority creditor's name and mailing address SHERRY FRANKLIN 1679 HWY 121 502 LEWISVILLE TX 75067 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.644</div> Nonpriority creditor's name and mailing address SHIMEQUA BETTERS 1117 WOODBINE ST WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.645</div> Nonpriority creditor's name and mailing address SHIRLEY ROMAR 308 AVALON ST. DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.646</div> Nonpriority creditor's name and mailing address SHONTELLE GREENE 3212 WENZ WACO TX 76708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.647</div> Nonpriority creditor's name and mailing address SHUNIKA JOHNSON 1811 E. AVE K APT. #309 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.648</div> Nonpriority creditor's name and mailing address SIRDIRIOUS ROBINSON 10914 CR 383 TYLER TX 75708 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.649</div> Nonpriority creditor's name and mailing address SKYLAR HOFFMAN 421 TALLEY NICHOLAS DR JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.650</div> Nonpriority creditor's name and mailing address SNJEZANA MANDIC 2301 NORTHAM DR. COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.651</div> Nonpriority creditor's name and mailing address SNOWBE ARMSTEAD P. O. BOX 12599 LONGVIEW TX 75606 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.652</div> Nonpriority creditor's name and mailing address SOUTHWESTERN ELECTRIC POWER PO BOX 24422 CANTON OH 44701-4422 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,743.08

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.653</div> Nonpriority creditor's name and mailing address SPARTAN COMPUTER SERVICES 39360 TREASURY CTR CHICAGO IL 60694-9900 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,694.10
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.654</div> Nonpriority creditor's name and mailing address STAAS PLUMBING COMPANY INC 333 LAKE AIR DRIVE WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.655</div> Nonpriority creditor's name and mailing address STEFANE PHILLIPS 2411 ANDOVER DR KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.656</div> Nonpriority creditor's name and mailing address STELLA WARTHEN 1002 MISSOURI AVE KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.657</div> Nonpriority creditor's name and mailing address STEPHANIE GALLARD P.O.BOX 150514 LUFKIN TX 75915 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.658</div> Nonpriority creditor's name and mailing address STEVEN AVELAR 205 REDMOND DRIVE COLLEGE STATION TX 77840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.659</div> Nonpriority creditor's name and mailing address STEVEN SAMUELS 3902 CHAROLAIS DR APT# B KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.660</div> Nonpriority creditor's name and mailing address STEVEN SEGOUIA 1707 E MAIN ST MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.661</div> Nonpriority creditor's name and mailing address STORMY LANG 8037 SAND HILL RD MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.662</div> Nonpriority creditor's name and mailing address SUPERIOR SERVICE COMPANY PO BOX 6754 BRYAN TX 77805 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.663</div> Nonpriority creditor's name and mailing address Sylvia Lowery c/o Timothy R. Cappolino 312 S Houston Avenue Cameron TX 76520 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Alleged Personal Injury Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.664</div> Nonpriority creditor's name and mailing address TADRYAN DAVIS 1073 WINDMEADOWS DRIVE COLLGE G STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.665</div> Nonpriority creditor's name and mailing address TALITHA PEOPLES 2606 GAZELLE DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.666</div> Nonpriority creditor's name and mailing address TAMARA MCCUIN 3805 CR 149 FLINT TX 75762 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.667</div> Nonpriority creditor's name and mailing address TAMIYA FINLEY 1476 CANYON CREEK DR APT # 192 TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.668</div> Nonpriority creditor's name and mailing address TANADIA ELLIS 2201 EAST AVE I TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.669</div> Nonpriority creditor's name and mailing address TANSHERY RIAS 601 TWIN OAKS DR APT # 408 TEMPLE TX 76504 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.670</div> Nonpriority creditor's name and mailing address TANVEER MARUF 1210 SHAWNEE BLVD TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.671</div> Nonpriority creditor's name and mailing address TANYA SMITH 2706 TRIPP TRAIL KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.672</div> Nonpriority creditor's name and mailing address TAVARUS CUMMINGS 139 CR 4002 CHILTON TX 76632 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.673</div> Nonpriority creditor's name and mailing address TAYLOR DAYS 4802 SOUTH 31ST ST APT # 612 TEMPLE TX 76502 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.674</div> Nonpriority creditor's name and mailing address TEKOAHA RHODES 5100 SANGER AVE #160 WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.675</div> Nonpriority creditor's name and mailing address TERAY MCMILLER 1902 BARAK LN APT # 6 BRYAN TX 77802 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.676</div> Nonpriority creditor's name and mailing address TERKISHA CHAPEL 5559 LISTER LANE COLLEGE STATION TX 77845 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.677</div> Nonpriority creditor's name and mailing address TERREL MORRIS 620 WEST ELM AVE TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.678</div> Nonpriority creditor's name and mailing address TERRENCE WILLIAMS 2020 LEE ST. TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.679</div> Nonpriority creditor's name and mailing address TERRY ROBINSON 716 E AVE A TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.680</div> Nonpriority creditor's name and mailing address TESSA ENRIQUEZ 725 PINWOOD DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.681</div> Nonpriority creditor's name and mailing address Texas Metro Fire LLC dba Metro Fire Equi PO BOX 543 VON ARMY TX 78073 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,466.45
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.682</div> Nonpriority creditor's name and mailing address TEXAS MUTUAL INSURANCE COMPANY PO BOX 841843 DALLAS TX 75284 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,196.70
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.683</div> Nonpriority creditor's name and mailing address THELMA IVY 1400 E AVE H LOT # 24 NOLANVILLE TX 76559 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.684</div> Nonpriority creditor's name and mailing address THENETA MACKEY 11652 SOUTH WHITEHALL RD. MOODY TX 76557 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.685</div> Nonpriority creditor's name and mailing address THEODORE JENNINGS 2216 HILLTOP LOOP KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.686</div> Nonpriority creditor's name and mailing address Tiffany Howard c/o Chris Norman 1801 Trimmier Road, Suite A2 Killeen TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Alleged Personal Injury Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.687</div> Nonpriority creditor's name and mailing address TIFFANY MCCLAIN 708 N PARKER BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.688</div> Nonpriority creditor's name and mailing address TIFFANY NUCKOLS 805 S 40TH ST TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.689</div> Nonpriority creditor's name and mailing address TIFFANY OWENS 1800 PRIMROSE DR. APT. 113B WACO TX 76706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.690</div> Nonpriority creditor's name and mailing address TIMMY FINLEY 711 W CALHOUN AVE TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.691</div> Nonpriority creditor's name and mailing address TINA THOMAS 1305 N. 4TH #202 KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.692</div> Nonpriority creditor's name and mailing address TIYUN KENDRICKS 1320 OLD DALLAS RD WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.693</div> Nonpriority creditor's name and mailing address TOBIAS LAWRENCE 3704 PALMTREE LN KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.694</div> Nonpriority creditor's name and mailing address TOCCORA SESSIONS 2519 AMMONS ST NACOGDOCHES TX 75964 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.695</div> Nonpriority creditor's name and mailing address TOMICA DIAZ 6101 CHARLOTTE LANE KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.696</div> Nonpriority creditor's name and mailing address TRACE JENKINS 1200 S MADISON ST MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.697</div> Nonpriority creditor's name and mailing address TRACY JOHNSON 3229 EDMOND AVE WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.698</div> Nonpriority creditor's name and mailing address TRACY STEWART 502 N BOLTON ST JACKSONVILLE TX 75766 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.699</div> Nonpriority creditor's name and mailing address TRACY WALTON 9629 S 3RD ST.RD WACO TX 76706 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.700</div> Nonpriority creditor's name and mailing address TRACY WOFFORD 8977 N. US HWY 75 BUFFALO TX 75831 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.701</div> Nonpriority creditor's name and mailing address TRAVIS HAWTHORNE 822 WELLS DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.702</div> Nonpriority creditor's name and mailing address TREDAVONE SCOTT 2305 MAPLE AVE WACO TX 76707 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.703</div> Nonpriority creditor's name and mailing address TRINITY ELECTRICAL SERVICE INC. P.O. BOX 1146 HEWITT TX 76643 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,979.91</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.704</div> Nonpriority creditor's name and mailing address TRISTIAN FORD 116 E CEDAR ST TYLER TX 75702 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.705 Nonpriority creditor's name and mailing address TRM PLUMBING 2458 SPARTA OAKS DR. BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.706 Nonpriority creditor's name and mailing address TUCKER, ALBIN & ASSOCIATES, INC. / JC Su 1702 N. Collins Blvd, Suite 100 Richardson TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.707 Nonpriority creditor's name and mailing address TXU ENERGY PO BOX 650638 DALLAS TX 75265-0638 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,806.58
3.708 Nonpriority creditor's name and mailing address TYRONE MURRAY 608 CARVER ST. WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.709 Nonpriority creditor's name and mailing address UNITED HEALTH CARE 1311 W President George Bush Hwy RICHARDSON TX 75080 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,729.67
3.710 Nonpriority creditor's name and mailing address UNITED REFRIGERATION, INC 11401 ROOSEVELT BLVD PHILADELPHIA PA 19154 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.711 Nonpriority creditor's name and mailing address US DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON DC 20201 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.712 Nonpriority creditor's name and mailing address VALENCIA DUNN 711 W CALHOUN AVE 3-5 TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.713</div> Nonpriority creditor's name and mailing address VANESSA JARAMILLO 3625 WELLBORN RD APT # 1413 BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.714</div> Nonpriority creditor's name and mailing address VANESSA RITCHIE 1501 E BARTON AVE TEMPLE TX 76501 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.715</div> Nonpriority creditor's name and mailing address VERONICA BRADLEY 3115 PARRISH ST BELLMEAD TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.716</div> Nonpriority creditor's name and mailing address VERONICA HASKINS 4404-D DEEK DR KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.717</div> Nonpriority creditor's name and mailing address VERONICA LOPEZ 1309 AIRDALE RD BELTON TX 76513 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.718</div> Nonpriority creditor's name and mailing address VICKIE DAVIS 917 N DREW ST LIVINGSTON TX 77351 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.719</div> Nonpriority creditor's name and mailing address VICTOR CARROLL 506 W WARREN ST WACO TX 76710 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.720</div> Nonpriority creditor's name and mailing address VICTOR GOMEZ 2300 LUTHER ST TYLER TX 75701 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.721</div> Nonpriority creditor's name and mailing address VICTORIA BETTS 101 EAST LANCE ST LOT # A5 MADISONVILLE TX 77864 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.722</div> Nonpriority creditor's name and mailing address VICTORIA HOLGUIN 345 FAIROAKS CRL LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.723</div> Nonpriority creditor's name and mailing address VICTORIA MONTALVO 3701 SPEIGHT AVE WACO TX 76711 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.724</div> Nonpriority creditor's name and mailing address VICTORIA ROBINSON 813 LITTEL ST COPPERAS COVE TX 76522 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.725</div> Nonpriority creditor's name and mailing address VINCENT MCGLOTTEN 4302 SECRETARIAT DRIVE KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.726</div> Nonpriority creditor's name and mailing address VIOLETA UVALLE 206 WASHINGTON ST KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.727</div> Nonpriority creditor's name and mailing address WACEY HOYLE 21120 FM 244 Iola TX 77861 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.728</div> Nonpriority creditor's name and mailing address WALLACE RIGGLE 705 E JASPER DR KILLEEN TX 76541 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.729</div> Nonpriority creditor's name and mailing address WASTE MANAGEMENT OF TEXAS INC PO BOX 660345 DALLAS TX 75266 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,901.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.730</div> Nonpriority creditor's name and mailing address WELDON BISHOP 3699 CR 114 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.731</div> Nonpriority creditor's name and mailing address WELLS FARGO - CREDIT LINE 733 MARQUETTE AVENUE, SUITE 700 MINNEAPOLIS MN 55402 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326,000.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.732</div> Nonpriority creditor's name and mailing address WILLIAM BOLIN 6406 CREEK LAND RD KILLEEN TX 76549 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.733</div> Nonpriority creditor's name and mailing address WILLIAM HAWK 1305 W VILLA MARIA BRYAN TX 77801 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.734</div> Nonpriority creditor's name and mailing address WILLIAM STEWART JR 1738 DALLAS CIRCLE APT # A WACO TX 76704 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.735</div> Nonpriority creditor's name and mailing address WILLIE ALEXANDER 1208 MONROE LOOP APT.#D KILLEEN TX 76543 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.736</div> Nonpriority creditor's name and mailing address WILLIE DAVIS 2905 FM 1119 CENTERVILLE TX 75833 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.737</div> Nonpriority creditor's name and mailing address WILMA MANNING 968 CR 146 W OVERTON TX 75684 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.738</div> Nonpriority creditor's name and mailing address WINDSTREAM PO BOX 9001908 LOUISVILLE KY 40290-1908 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$153.82
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.739</div> Nonpriority creditor's name and mailing address XANDRA GANLINDO 309 BOX FACTORY RD DIBOLL TX 75941 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.740</div> Nonpriority creditor's name and mailing address XAVIA MODICUE 1600 BACON RANCH ROAD APT # 1502 KILLEEN TX 76542 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.741</div> Nonpriority creditor's name and mailing address YESENIA MESA 190 DEER LANE LUFKIN TX 75901 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.742</div> Nonpriority creditor's name and mailing address YOANA VADO 4400 TROUP HWY #207 TYLER TX 75703 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.743</div> Nonpriority creditor's name and mailing address YOLANDA AREVALO 505 RESTMEYER ST BRYAN TX 77803 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.744</div> Nonpriority creditor's name and mailing address ZAFAR N. MOOSA 326 PRAIRIE HILL TRAIL LEWISVILLE TX 75056 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Goods and/or services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,221,567.00

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.745</div> Nonpriority creditor's name and mailing address ZYKIEAR MOSLEY LONG 1439 METHODIST RANCH RD WACO TX 76705 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
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Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Allied Insurance Company 1100 Locust Street, Dept. 1100 Des Moines IA 50391	Line 3.269 <input type="checkbox"/> Not listed. Explain:	5 7 0 4
4.2	Alston & Bird Attn: Jonathan T. Edwards One Atlantic Center 1201 West Peachtree Street Atlanta GA 30309-3424	Line 3.494 <input type="checkbox"/> Not listed. Explain:	— — — —
4.3	Chris Norman Norman Taylor PLLC 1801 Trimmier Road, Suite A2 Killeen TX 76549	Line 3.686 <input type="checkbox"/> Not listed. Explain:	— — — —
4.4	Craig W. Brown Cappolino Dodd Krebs LLP 312 S Houston Avenue Cameron TX 76520	Line 3.663 <input type="checkbox"/> Not listed. Explain:	— — — —
4.5	Don Wells TXU Energy 6555 Sierra Drive Irving TX 75039	Line 3.707 <input type="checkbox"/> Not listed. Explain:	— — — —
4.6	HARLAND CLARKE D/B/A TRANSOURCE 15955 LA CANTERA PKWY SAN ANTONIO TX 78256	Line 3.291 <input type="checkbox"/> Not listed. Explain:	— — — —

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	Jared Mullowney Ben Abbott & Associates, PLLC 1934 Pendleton Drive Garland TX 75041	Line 3.490 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.8	Matthew C. Jameson Jameson & Dunagan, PC 5429 LBJ Freeway, Suite 700 Dallas TX 75240	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ ____ ____ ____
4.9	Stacey Nefe AMCO Insurance Company One Nationwide Gateway Des Moines IA 50391-1913	Line 3.269 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____
4.10	Texas Mutual PO Box 12058 Austin TX 78711-2058	Line 3.590 <input type="checkbox"/> Not listed. Explain:	8 9 0 7
4.11	Timothy R. Cappolino Cappolino Dodd Krebs LLP 312 S Houston Avenue Cameron TX 76520	Line 3.663 <input type="checkbox"/> Not listed. Explain:	____ ____ ____ ____

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$0.00

5b. Total claims from Part 2

5b. + \$2,751,664.90

5c. Total of Parts 1 and 2

5c. \$2,751,664.90

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name J & D Restaurant Group, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Commercial Umbrella Insurance and General Liability Insurance	Allied Insurance Company <u>1100 Locust Street, Dept 1100</u> _____ _____
	State the term remaining		
	List the contract number of any government contract		Des Moines IA 50391
2.2	State what the contract or lease is for and the nature of the debtor's interest	"Freestyle" beverage dispensers	Coca-Cola Foodservice Risk Management Department The Coca-Cola Company PO Box 1734 _____ _____
	State the term remaining		
	List the contract number of any government contract		Atlanta GA 30301
2.3	State what the contract or lease is for and the nature of the debtor's interest	Franchisee Participation Agreement to purchase and serve Dr. Pepper fountain drinks	Dr. Pepper Snapple Group 5301 Legacy Drive _____ _____
	State the term remaining		
	List the contract number of any government contract		Plano TX 75024-3109
2.4	State what the contract or lease is for and the nature of the debtor's interest	Bookkeeping and Payroll services, as well as lease of corporate office space and office equipment	FALCON HOLDINGS MANAGEMENT LLC 7 VILLAGE CIR STE 300 _____ _____
	State the term remaining		
	List the contract number of any government contract		WESTLAKE TX 76262

Debtor J & D Restaurant Group, LLC

Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	Franchise Agreement - Debtor was franchisee of 31 Jack in the Box restaurants. See Exhibit 1 to Schedule A/B for addresses.	Jack in the Box, Inc.	9330 Balboa Avenue	_____	_____	_____
	State the term remaining	_____					
	List the contract number of any government contract	_____	San Diego	CA	92123-1516		
2.6	State what the contract or lease is for and the nature of the debtor's interest	Flood Insurance for restaurant located at 5125 Bosque Blvd, Waco, Texas 76710.	National Flood Insurance Program	Federal Insurance Administrator	1800 South Bell Street	_____	_____
	State the term remaining	_____					
	List the contract number of any government contract	_____	Arlington	VA	20598-3010		
2.7	State what the contract or lease is for and the nature of the debtor's interest	CO2 equipment	NuCO2, LLC	2800 SE Market Place	_____	_____	_____
	State the term remaining	_____					
	List the contract number of any government contract	_____	Stuart	FL	34997		
2.8	State what the contract or lease is for and the nature of the debtor's interest	Credit card processing	PNC MERCHANT SERVICES	249 FIFTH AVE	_____	_____	_____
	State the term remaining	_____					
	List the contract number of any government contract	_____	PITTSBURGH	PA	15222		
2.9	State what the contract or lease is for and the nature of the debtor's interest	Cooking oil and related equipment	Restaurant Technologies, Inc.	3711 Kennebec Drive, Ste 100	_____	_____	_____
	State the term remaining	_____					
	List the contract number of any government contract	_____	Eagan	MN	55122-1055		
2.10	State what the contract or lease is for and the nature of the debtor's interest	Workers Compensation insurance	Texas Mutual	PO Box 12058	_____	_____	_____
	State the term remaining	_____					
	List the contract number of any government contract	_____	Austin	TX	78711-2058		

Debtor J & D Restaurant Group, LLC Case number (if known) _____

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.11	State what the contract or lease is for and the nature of the debtor's interest	Utilities	<u>TXU ENERGY</u> <u>PO BOX 650638</u>
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	<u>DALLAS</u> <u>TX</u> <u>75265-0638</u>
2.12	State what the contract or lease is for and the nature of the debtor's interest	Storage unit	<u>U-Haul Moving & Storage of Midway</u> <u>3824 S General Bruce Drive</u>
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	<u>Temple</u> <u>TX</u> <u>76502</u>

Fill in this information to identify the case:

Debtor name J & D Restaurant Group, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor**

Name	Mailing address	Name	Check all schedules that apply:
2.1 Bernard J. Morrissey	PO Box 236 Number Street <hr/> Roanoke TX 76262 City State ZIP Code	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Bernard J. Morrissey	PO Box 236 Number Street <hr/> Roanoke TX 76262 City State ZIP Code	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Bernard J. Morrissey	PO Box 236 Number Street <hr/> Roanoke TX 76262 City State ZIP Code	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Bernard J. Morrissey	PO Box 236 Number Street <hr/> Roanoke TX 76262 City State ZIP Code	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Bernard J. Morrissey	PO Box 236 Number Street <hr/> Roanoke TX 76262 City State ZIP Code	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

Name	Mailing address	Name	
2.6 Bernard J. Morrissey	<u>Audrey J. Morrissey</u> Number Street <u>PO Box 236</u> <u>Roanoke TX 76262</u> City State ZIP Code	MBM CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.7 Irfan N. Moosa	<u>Salima Moosa</u> Number Street <u>2629 Damsel Cherry Lane</u> <u>Lewisville TX 75056</u> City State ZIP Code	MBM CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8 JACK IN THE BOX INC	<u>9330 BALBOA AVE</u> Number Street <u>SAN DIEGO CA 92123</u> City State ZIP Code	ANGELINA COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 JACK IN THE BOX INC	<u>9330 BALBOA AVE</u> Number Street <u>SAN DIEGO CA 92123</u> City State ZIP Code	Bell County Tax Appraisal District	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 JACK IN THE BOX INC	<u>9330 BALBOA AVE</u> Number Street <u>SAN DIEGO CA 92123</u> City State ZIP Code	BRAZOS COUNTY TAX	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 JACK IN THE BOX INC	<u>9330 BALBOA AVE</u> Number Street <u>SAN DIEGO CA 92123</u> City State ZIP Code	Cherokee County Appraisal District	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 JACK IN THE BOX INC	<u>9330 BALBOA AVE</u> Number Street <u>SAN DIEGO CA 92123</u> City State ZIP Code	CORYELL COUNTY	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **J & D Restaurant Group, LLC**

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules
that apply:*

Name	Mailing address	Name	
2.13 JACK IN THE BOX INC	9330 BALBOA AVE Number Street	Gregg County Tax Assessor-Collector	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	SAN DIEGO CA 92123 City State ZIP Code		
2.14 JACK IN THE BOX INC	9330 BALBOA AVE Number Street	HILL COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	SAN DIEGO CA 92123 City State ZIP Code		
2.15 JACK IN THE BOX INC	9330 BALBOA AVE Number Street	Leon County Tax Assessor Collector	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	SAN DIEGO CA 92123 City State ZIP Code		
2.16 JACK IN THE BOX INC	9330 BALBOA AVE Number Street	MADISON COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	SAN DIEGO CA 92123 City State ZIP Code		
2.17 JACK IN THE BOX INC	9330 BALBOA AVE Number Street	MCLENNAN COUNTY - TAX OFFICE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	SAN DIEGO CA 92123 City State ZIP Code		
2.18 JACK IN THE BOX INC	9330 BALBOA AVE Number Street	Nacaogdoches Central Appr Dist	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	SAN DIEGO CA 92123 City State ZIP Code		
2.19 JACK IN THE BOX INC	9330 BALBOA AVE Number Street	SMITH COUNTY TAX OFFICE	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	SAN DIEGO CA 92123 City State ZIP Code		

Debtor J & D Restaurant Group, LLC Case number (if known) _____**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor***Check all schedules that apply:*

Name	Mailing address	Name	
2.20 Zafar N. Moosa	326 Prairie Hill Trail Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Lewisville TX 75056 City State ZIP Code		
2.21 Zafar N. Moosa	326 Prairie Hill Trail Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Lewisville TX 75056 City State ZIP Code		
2.22 Zafar N. Moosa	326 Prairie Hill Trail Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Lewisville TX 75056 City State ZIP Code		
2.23 Zafar N. Moosa	326 Prairie Hill Trail Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Lewisville TX 75056 City State ZIP Code		
2.24 Zafar N. Moosa	326 Prairie Hill Trail Number Street	FIRST FRANCHISE CAPITAL	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Lewisville TX 75056 City State ZIP Code		
2.25 Zafar N. Moosa	Parveen Rsuid Number Street	MBM CORPORATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	326 Prairie Hill Trail Number Street		
	Lewisville TX 75056 City State ZIP Code		

Fill in this information to identify the case:Debtor Name J & D Restaurant Group, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	\$0.00
1b. Total personal property: Copy line 91A from Schedule A/B.....	\$162,877.83
1c. Total of all property Copy line 92 from Schedule A/B.....	\$162,877.83

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$11,363,101.39****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	\$0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+ \$2,751,664.90

4. Total liabilitiesLines 2 + 3a + 3b..... **\$14,114,766.29**

Fill in this information to identify the case and this filing:

Debtor Name J & D Restaurant Group, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
(if known) _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/19/2017
MM / DD / YYYY

X /s/ Bernard J. Morrissey
Signature of individual signing on behalf of debtor

Bernard J. Morrissey
Printed name
CEO/President
Position or relationship to debtor

Exhibit 1 (Schedule A/B)**J & D Restaurant Group, LLC**

JIB #	Street	City	State	Zip	Phone #	County
675	2906 Texas Avenue	Bryan	TX	77802	979-775-7103	Brazos
683	1504 Texas Avenue Hwy 6	College Station	TX	77840	979-693-4310	Brazos
816	204 W Adams Ave	Temple	TX	76501	254-778-4571	Bell
818	210 W Rancier Ave	Killeen	TX	76541	254-526-4777	Bell
828	901 E Hwy 190	Copperas Cove	TX	76522	254-547-9898	Coryell
832	5125 Bosque Blvd	Waco	TX	76710	254-776-0097	McLennan
835	725 S University Parks Dr	Waco	TX	76706	254-755-7009	McLennan
838	3201 E Veterans Memorial Blvd	Killeen	TX	76543	254-699-5944	Bell
852	201 Hewitt Dr	Waco	TX	76712	254-772-3600	McLennan
3764	1129 W St. Marys	Centerville	TX	75833	903-536-1022	Leon
3783	1903 W Frank St	Lufkin	TX	75904	936-634-1985	Angelina
3786	400 N Temple	Diboll	TX	75941	936-829-3344	Angelina
3787	2015 North St	Nacogdoches	TX	75965	936-568-9690	Nacogdoches
3796	307 E FM 2410 Rd	Harker Heights	TX	76548	254-680-7989	Bell
3801	1902 E Denman Ave	Lufkin	TX	75901	936-634-2011	Angelina
3803	1703 S Broadway Ave	Tyler	TX	75701	903-592-8841	Smith
3804	6915 S Broadway Ave	Tyler	TX	75703	903-939-9632	Smith
3805	121 N Northwest Loop 323	Tyler	TX	75702	903-596-7739	Smith
3813	1724 S Valley Mills Dr	Waco	TX	76711	254-754-7514	McLennan
3814	1525 Interstate 35 N	Bellmead	TX	76705	254-412-2013	McLennan
3816	3000 E Main	Madisonville	TX	77864	936-349-0881	Madison
3817	1405 Corsicana Hwy	Hillsboro	TX	76645	8177268532	Hill
3818	1329 S Jackson St	Jacksonville	TX	75766	903-541-0408	Cherokee
3825	3511 Longmire Dr	College Station	TX	77845	979-695-2993	Brazos
3839	745 US Highway 259 N	Kilgore	TX	75662	903-988-8186	Gregg
3852	1100 E Central Texas Expy	Killeen	TX	76541	254-690-2055	Bell
3855	900 N Earl Rudder Fwy	Bryan	TX	77802	979-731-8893	Brazos
3862	3608 SW HK Dodgen Loop	Temple	TX	76504	254-742-0195	Bell
3864	5301 W Stan Schlueter Loop	Killeen	TX	76549	254-634-0924	Bell
4710	3800 E Elms	Killeen	TX	76542	254-680-0078	Bell
4720	2808 Oakmark Drive	Belton	TX	76513	254-939-2168	Bell

Exhibit 2 (Schedule A/B)

(Unit numbers correspond to the restaurant locations listed on Exhibit 1)

Units	Outside Pole Signs	Outside High Rise Sign	Building Signage	Outside Pole Lights 2 lights on each	Patio Furniture	Preview Menuboard	Order Menuboard with Speaker	Dining Room Tables	Dining Room Chairs	Dining Room Lighting	DR Freestyle Coke machines & Cabinet w/ Ice Machine	DT Freestyle Coke Machine & Cabinet
675	1		3	5	4	1	1	7	32	Numerous	1	1
683	1		3	5	6	1	1	7	32	Numerous	1	1
816	1		2	4		1	1	7	28	Numerous	1	1
818	1		2	5		1	1	7	28	Numerous		
828	1		2	5		1	1	7	28	Numerous	1	1
832	1		2	5	6	1	1	7	28	Numerous	1	1
835	1		2	5		1	1	13	58	Numerous		
838	1		2	6		1	1	12	40	Numerous	1	1
852	1		2	6		1	1	12	40	Numerous	1	1
3764	1	1	2	5		1	1	9	36	Numerous	1	1
3783	1	1	2	6		1	1	11	46	Numerous	1	1
3786	1		2	5		1	1	7	30	Numerous		
3787	1		2	6		1	1	19	76	Numerous	1	1
3796	1		2	4		1	1	9	36	Numerous	1	1
3801	1	1	2	5		1	1	17	70	Numerous	1	1
3803	1		2	5		1	1	11	46	Numerous	1	1
3804	1		2	5		1	1	17	70	Numerous	1	1
3805	1		2	5		1	1	17	72	Numerous	1	1
3813	1		2	5		1	1	12	52	Numerous	1	1
3814	1	1	3	5		1	1	12	52	Numerous	1	1
3816	1	1	2	5		1	1	12	40	Numerous	1	1
3817	1	1	2	5		1	1	13	52	Numerous	1	1
3818	1		2	5		1	1	13	52	Numerous	1	1
3825	1		2	5		1	1	12	40	Numerous		
3839	1		2	5		1	1	12	54	Numerous	1	1
3852	1		2	5		1	1	7	30	Numerous	1	1
3855	1	1	2	5		1	1	7	28	Numerous	1	1
3862	1	1	2	5		1	1	12	52	Numerous	1	1
3864	1		2	5		1	1	11	50	Numerous	1	1
4710	1		2	5		1	1	12	52	Numerous	1	1
4720	1		2	5		1	1	7	28	Numerous	1	1
TOTALS	31	8	65	157	16	31	31	338	1378		27	27

Units	Bevariety DR Drink System with Ice Machine	Bevariety DR Cabinet	Bevariety Drive Thru Drink System	Ice Machin e	Drive Thru Headset s	Drive Thru Loop	Front Count er	POS Units for Front line	POS Units for Drive Thru	Bump Bars	Monitor s	Drive Thru Cabinet	Tray's For Guest Orders
675				1	4	1	1	2	2	4	4	1	25
683				1	4	1	1	2	2	4	4	1	25
816				1	4	1	1	2	3	7	7	1	25
818	1	1	1	1	4	1	1	2	2	4	4	1	25
828				1	4	1	1	2	2	4	4	1	25
832				1	4	1	1	2	2	4	4	1	25
835	1	1	1	1	4	1	1	2	2	4	4	1	25
838				1	4	1	1	2	2	4	4	1	25
852				1	4	1	1	2	2	4	4	1	25
3764				1	4	1	1	2	2	4	4	1	25
3783				1	4	1	1	2	2	4	4	1	25
3786	1	1	1	1	4	1	1	2	2	4	4	1	25
3787				1	4	1	1	2	2	4	4	1	25
3796				1	4	1	1	2	2	4	4	1	25
3801				1	4	1	1	2	2	4	4	1	25
3803				1	4	1	1	2	2	4	4	1	25
3804				1	4	1	1	2	2	4	4	1	25
3805				1	4	1	1	2	2	4	4	1	25
3813				1	4	1	1	2	2	4	4	1	25
3814				1	4	1	1	2	2	4	4	1	25
3816				1	4	1	1	2	3	8	8	1	25
3817				1	4	1	1	2	2	4	4	1	25
3818				1	4	1	1	2	2	4	4	1	25
3825	1	1	1	1	4	1	1	2	2	4	4	1	25
3839				1	4	1	1	2	3	7	7	1	25
3852				1	4	1	1	2	2	7	7	1	25
3855				1	4	1	1	2	3	7	7	1	25
3862				1	4	1	1	2	3	7	7	1	25
3864				1	4	1	1	2	3	7	7	1	25
4710				1	4	1	1	2	3	7	7	1	25
4720				1	4	1	1	2	2	7	7	1	25
TOTALS	4	4	4	31	124	31	31	62	69	152	152	31	775

Units	Baskets for Inside Orders	Shake Machine	Shake Mixer	Coffee Machine	Tea Brewer	Hand Sinks	POU Refrigerators	POU Freezers	Upright Freezer Cooler Combo	Upright Cooler	Stainless Steel Assembly Line Cabinet	Stainless Steel Pass Through Cabinet	Protein Holding Cabinet	Assembly Station Refrigerator
675	30	1	1	1	1	2	2	1	2		1	1	1	1
683	30	1	1	1	1	2	2	1	2		1	1	1	1
816	30	1	1	1	1	2	2	1	2		1	1	1	1
818	30	1	1	1	1	2	2		2		1	1	1	1
828	30	1	1	1	1	2	1	1	2		1	1	1	1
832	30	1	1	1	1	2	2	1	2		1	1	1	1
835	30	1	1	1	1	2	1		2		1	1	1	1
838	30	1	1	1	1	2	2	1	2		1	1	1	1
852	30	1	1	1	1	2	1		2	1	1	1	1	1
3764	30	1	1	1	1	2	2	1	2		1	1	1	1
3783	30	1	1	1	1	2	2		2		1	1	1	1
3786	30	1	1	1	1	2	1	1	2		1	1	1	1
3787	30	1	1	1	1	2	1		2		1	1	1	1
3796	30	1	1	1	1	2	2	1	2		1	1	1	1
3801	30	1	1	1	1	2	2	1	2		1	1	1	1
3803	30	1	1	1	1	2	2	1	2		1	1	1	1
3804	30	1	1	1	1	2	1	1	2		1	1	1	1
3805	30	1	1	1	1	2	2	1	2		1	1	1	1
3813	30	1	1	1	1	2	2	1	2		1	1	1	1
3814	30	1	1	1	1	2	2	1	2		1	1	1	1
3816	30	1	1	1	1	2	2	1	2		1	1	1	1
3817	30	1	1	1	1	2	2	1	2		1	1	1	1
3818	30	1	1	1	1	2	1	1	2		1	1	1	1
3825	30	1	1	1	1	2	1	1	2		1	1	1	1
3839	30	1	1	1	1	2	2	1	2		1	1	1	1
3852	30	1	1	1	1	2	2	1	2		1	1	1	1
3855	30	1	1	1	1	2	2	1	2		1	1	1	1
3862	30	1	1	1	1	2	1	1	2		1	1	1	1
3864	30	1	1	1	1	2	2	1	2		1	1	1	1
4710	30	1	1	1	1	2	2	1	2		1	1	1	1
4720	30	1	1	1	1	2	2	1	2		1	1	1	1
TOTALS	930	31	31	31	31	62	53	26	62	1	31	31	31	31

Units	Stainless Steel Pans for Assembly Station	Microwaves	Fried Protein Cabinet or Warmer	Round Up Toaster	Round Up Toaster Butter Wheel	Sourdough Toaster	Batch Toaster	Flat Grill	Flat Grill Timer	Grill Hood and Grill Hood Fan	Fire Suppression System for Grill	Upright Meat Freezer	Upright Frozen Food Freezer
675	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
683	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
816	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
818	Numerous	2	1	1	1	1		1	1	1	1	1	1
828	Numerous	2	1	1	1	1		1	1	1	1	1	1
832	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
835	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
838	Numerous	2	1	1	1	1		1	1	1	1	1	1
852	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3764	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3783	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3786	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3787	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3796	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3801	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3803	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3804	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3805	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3813	Numerous	2	1	1	1	1		1	1	1	1	1	1
3814	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3816	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3817	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3818	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3825	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3839	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3852	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3855	Numerous	3	1	1	1	1	1	1	1	1	1	1	1
3862	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
3864	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
4710	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
4720	Numerous	2	1	1	1	1	1	1	1	1	1	1	1
TOTALS		63	31	31	31	31	27	31	31	31	31	31	31

Units	Fry Station dump Station	Fryers	Fryer Filtration System	Fry Timer	Fry Hood & Fan on Roof	Fire Suppression System for Fryers	Taco Station	Taco Station Warmer	Taco Station Freezer Cooler Combo	Food Prep Table	Food Prep Lettuce Slicer
675	1	4	1	1	1	1	1		1	1	1
683	1	4	1	1	1	1	1		1	1	1
816	1	4	1	1	1	1	1		1	1	1
818	1	4	1	1	1	1	1		1	1	1
828	1	4	1	1	1	1	1		1	1	1
832	1	4	1	1	1	1	1		1	1	1
835	1	4	1	1	1	1	1		1	1	1
838	1	4	1	1	1	1	1		1	1	1
852	1	4	1	1	1	1	1		1	1	1
3764	1	4	1	1	1	1	1		1	1	1
3783	1	4	1	1	1	1	1		1	1	1
3786	1	4	1	1	1	1	1		1	1	1
3787	1	4	1	1	1	1	1		1	1	1
3796	1	4	1	1	1	1	1		1	1	1
3801	1	4	1	1	1	1	1		1	1	1
3803	1	4	1	1	1	1	1		1	1	1
3804	1	4	1	1	1	1	1		1	1	1
3805	1	4	1	1	1	1	1		1	1	1
3813	1	4	1	1	1	1	1		1	1	1
3814	1	4	1	1	1	1	1		1	1	1
3816	1	4	1	1	1	1	1		1	1	1
3817	1	4	1	1	1	1	1		1	1	1
3818	1	4	1	1	1	1	1		1	1	1
3825	1	4	1	1	1	1	1		1	1	1
3839	1	4	1	1	1	1	1		1	1	1
3852	1	4	1	1	1	1	1		1	1	1
3855	1	5	1	1	1	1	1	1	1	1	1
3862	1	5	1	1	1	1	1	1	1	1	1
3864	1	5	1	1	1	1	1	1	1	1	1
4710	1	4	1	1	1	1	1	1	1	1	1
4720	1	4	1	1	1	1	1	1	1	1	1
TOTALS	31	127	31	31	31	31	31	5	31	31	31

Units	Food Prep Tomato Slicer	Food Prep Cambro Pans	Prep Sink	Racks for Soda Products	Drink station Filtration Filters	Hot Water Heater	Three Compartment Sink	Walk in Cooler	Walk in Freezer	Storage Racks	HVAC Units on Roof
675	1	Numerous	1	1	1	1	1	1	1	Numerous	3
683	1	Numerous	1	1	1	1	1	1	1	Numerous	3
816	1	Numerous	1	1	1	1	1	1	1	Numerous	2
818	1	Numerous	1	1	1	1	1	1	1	Numerous	2
828	1	Numerous	1	1	1	1	1	1	1	Numerous	2
832	1	Numerous	1	1	1	1	1	1	1	Numerous	3
835	1	Numerous	1	1	1	1	1	1	1	Numerous	3
838	1	Numerous	1	1	1	1	1	1	1	Numerous	3
852	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3764	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3783	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3786	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3787	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3796	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3801	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3803	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3804	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3805	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3813	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3814	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3816	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3817	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3818	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3825	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3839	1	Numerous	1	1	1	1	1	1	1	Numerous	3
3852	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3855	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3862	1	Numerous	1	1	1	1	1	1	1	Numerous	2
3864	1	Numerous	1	1	1	1	1	1	1	Numerous	2
4710	1	Numerous	1	1	1	1	1	1	1	Numerous	2
4720	1	Numerous	1	1	1	1	1	1	1	Numerous	2
TOTALS	31		31	31	31	31	31	31	31	0	73

JIB #	Street	City	State	ZIP Code	Business Phone	NCR 7403 Register	NCR 7402 Register	7197 Printer USB Cable	NCR Cash Drawer	Bump Bars	Oasys Boxes	Delphi 9210	Hyper OCS	7402 CBT
675	2906 S Texas Ave	Bryan	TX	77802	979-775-7103	0	4	3	4	4	2	1	0	1
683	1504 Texas Ave Hwy 6	College Station	TX	77840	979-693-4310	0	4	3	4	4	2	1	0	1
816	204 W Adams Ave	Temple	TX	76501	254-778-4571	0	5	4	5	7	3	1	0	1
818	210 W Rancier	Killeen	TX	76541	254-526-4777	0	4	3	4	4	2	1	0	1
828	901 E Hwy 190	Copperas Cove	TX	76522	254-547-9898	0	4	3	4	4	2	1	0	1
832	5125 Bosque Blvd	Waco	TX	76710	254-776-0097	0	4	3	4	4	2	1	0	1
835	725 University Parks Dr	Waco	TX	76706	254-755-7009	4	0	3	4	4	2	1	0	1
838	3201 E Veterans Memorial Blvd	Killeen	TX	76543	254-699-5944	0	4	3	4	4	2	1	0	1
852	201 Hewitt Dr	Waco	TX	76712	254-772-3600	0	4	3	4	4	2	1	0	1
3764	1129 W St Marys	Centerville	TX	75833	903-536-1022	0	4	3	4	4	2	0	1	1
3783	1903 W Frank St	Lufkin	TX	75904	936-634-1985	0	4	3	4	4	2	1	0	1
3786	400 N Temple	Diboll	TX	75941	936-829-3344	0	4	3	4	4	2	1	0	1
3787	2015 North St	Nacogdoches	TX	75965	936-568-9690	0	4	3	4	4	2	1	0	1
3796	307 E Fm 2410 Rd	Harker Heights	TX	76548	254-680-7989	0	4	3	4	4	2	1	0	1
3801	1902 E Denman Ave	Lufkin	TX	75901	936-634-2011	0	4	3	4	4	2	1	0	1
3803	1703 S Broadway Ave	Tyler	TX	75701	903-592-8841	0	4	3	4	4	2	1	0	1
3804	6915 S Broadway Ave	Tyler	TX	75703	903-939-9632	0	4	3	4	4	2	1	0	1
3805	121 N Northwest Loop 323	Tyler	TX	75702	903-596-7739	0	4	3	4	4	2	1	0	1
3813	1724 S Valley Mills Dr	Waco	TX	76711	254-754-7514	0	4	3	4	4	2	1	0	1
3814	1525 Interstate 35 N	Bellmead	TX	76705	254-412-2013	0	4	3	4	4	2	1	0	1
3816	3000 E Main	Madisonville	TX	77864	936-349-0881	5	0	4	5	8	3	0	1	1
3817	1405 Corsicana Hwy	Hillsboro	TX	76645	254-582-0443	0	4	3	4	4	2	1	0	1
3818	1329 S Jackson St	Jacksonville	TX	75766	903-541-0408	0	4	3	4	4	2	1	0	1
3825	3511 Longmire Dr	College Station	TX	77845	979-695-2993	4	0	3	4	4	2	0	1	1
3839	745 Us Highway 259 N	Kilgore	TX	75662	903-988-8186	5	0	4	5	7	3	0	1	1
3852	1100 E Central Texas Expy	Killeen	TX	76541	254-690-2055	4	0	3	4	7	3	0	1	1
3855	900 N Earl Rudder Fwy	Bryan	TX	77802	979-731-8893	5	0	4	5	7	3	1	0	1
3862	3608 Sw Hk Dodgen Loop	Temple	TX	76502	254-742-0195	0	5	4	5	7	3	1	0	1
3864	5301 W Stan Schlueter Loop	Killeen	TX	76549	254-634-0924	0	5	4	5	7	3	1	0	1
4710	3800 E Elms	Killeen	TX	76542	254-680-0078	0	5	4	5	7	3	1	0	1
4720	2808 Oakmark Dr	Belton	TX	76513	254-939-2168	0	4	3	4	7	3	1	0	1
						27	104	100	131	152	71	26	5	31